

# PANCREAS TRANSPLANT REFERRAL FORM

PCIS LABEL

Referred to: **BC Transplant (Combined Kidney/Pancreas & Pancreas after Kidney Transplant)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Other name: \_\_\_\_\_ PHN: \_\_\_\_\_

DOB \_\_\_\_\_ (mm/dd/yy) Sex:  male  female Race: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

General Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Referring Nephrologist:** \_\_\_\_\_ **Diabetologist:** \_\_\_\_\_

Kidney Transplant Date: \_\_\_\_\_ Transplant Center: \_\_\_\_\_ LD: YES / NO CAD: YES / NO

**PRIMARY KIDNEY DIAGNOSIS:** \_\_\_\_\_

Dialysis? YES / NO: Centre: \_\_\_\_\_ What days? \_\_\_\_\_ Time? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ ABO: \_\_\_\_\_

Does the patient speak English?  Yes  No, if no what language? \_\_\_\_\_

Special needs? \_\_\_\_\_ Ambulatory? \_\_\_\_\_

**Please Mail (or Fax) to:**

**Kidney/Pancreas Transplant Program**  
Pre-Assessment Transplant Clinic  
Gordon and Leslie Diamond Health Centre  
5th Floor, 2775 Laurel Street  
Vancouver, BC V5Z 1M9  
Tel: 604-875-5182  
Fax: 604-875-5236

## CHECKLIST FOR ACCOMPANYING INFORMATION

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please include the following medical information:**

- C-Peptide Levels
- Kidney transplant information (transplant assessments, medical & surgical) including latest labs, HLA typing, virology results, donor information
- Information regarding current medical history (i.e. cancer, CVA, chronic infection).
- Pap smear, mammogram reports (female only)
- Dental information; i.e. regular exams, concerns?
- Other Specialists involvement? (i.e. endocrinologist, cardiologist, ophthalmologist). Please include notes.
- Psychosocial concerns, compliance issues.