Kidney and Pancreas Transplant Program 339 Windermere Road, London, ON N6A 5A5

Send referral to either:

Email: kidneytransplantreferral@lhsc.on.ca

Fax: 519-663-3858

## **Opinion Referral Form**

Patient Information		
Name:	Health Card #:	LHSC MRN:
Street Address:	City:	Postal Code:
Blood Type: Diagnosis:		
Dialysis Start Date:	Туре:	Centre:
Check all that apply and describe:		
☐ Malignancy (please include treatment, plan of care and pathology):		
☐ Neurological disease:		
☐ Cardiac disease:		
☐ PVD disease:		
☐ GI/liver disease:		
☐ Haematological disease:		
☐ Psychosocial/adherence/substance misuse concerns:		
☐ Obesity/BMI:		
☐ Surgical issues:		
☐ Infections:		
Other:		
Specific Question for Transplant Program:		
Referral Submitted by		
Nephrologist:	Phone:	
Coordinator/Nurse:	Phone:	
Date Submitted:		