

PEDIATRIC KIDNEY PROGRAM

STEP 2: REFERRAL PATIENT INFORMATION

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GENERAL FACSIMILE COVERSHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Date: _____/_____/_____

From: _____

Phone: _____

Comments:

Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Patient's demographic form | <input type="checkbox"/> Radiology tests from outside facilities (ECHO, EKG, Renal Ultrasound, or Renal scan) |
| <input type="checkbox"/> ESRD form 2728 | <input type="checkbox"/> Current immunization record |
| <input type="checkbox"/> Current history and physical (less than 12 months old) | <input type="checkbox"/> Social assessment |
| <input type="checkbox"/> Current medication list | <input type="checkbox"/> Dietary assessment |
| <input type="checkbox"/> Current PPD results (less than 12 months old) | <input type="checkbox"/> Renal ultrasounds and/or renal biopsies (if available) |
| <input type="checkbox"/> Labs from outside facilities (genetics testing, any past ABO report) | <input type="checkbox"/> Copy of caregiver's driver's license |
| | <input type="checkbox"/> Copy of patient's social security card |

Confidentiality Notice: Confidential Health Information Enclosed

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