

UCSF Heart Transplant Request for Consultation

Patient Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone number: _____ **Date of Birth:** _____

Social Security Number: _____ - _____ - _____ **Gender:** Male Female

Height: _____ in _____ cm **Weight:** _____ lbs _____ Kg

Patient's Primary Language: _____ **Interpreter Needed:** Yes _____ No _____

Diagnosis: _____

Reason for consultation: _____

Insurance: _____

Phone number: _____

Insurance ID number: _____

Case Manager: _____

If the patient has insurance which requires a referral or authorization, please include this with any faxed records. Please also include a copy of the front and back of the patient's insurance card.

Referring Physician: _____ **Signature:** _____

Street Address: _____

City/State/Zip Code: _____

Office Phone: _____ **Office FAX:** _____

Primary Care Physician: _____

Street Address: _____

City/State/Zip Code: _____

Office Phone: _____ **Office FAX:** _____

Past Medical History: _____

Smoking History:			
Never _____	Former _____	Regular _____	
Type and Amount:	Cigarettes _____	Number of packs per day _____	
	Other _____		
Age began smoking _____	Age quit _____		
Alcohol Use:			
Never _____	Former _____	Regular _____	Amount _____
Recreational Drug Use:			
Never _____	Former _____	Regular _____	
Type _____	Years of use _____		
*** Does Patient have a Device?			
Type _____			
Model _____	Upper Limit _____		

The following tests are recommended to be done prior to the clinic appointment:

1. Echocardiogram (with copy of the tape or CD sent to the transplant office)
2. Bloodwork: CBC, diff, Platlets, PT, PTT, Electrolytes, BUN, Creatinine, Liver Function (Total Bilirubin, Alk Phos, AST, ALT), Calcium, Phosphorus, Magnesium, Glucose, Albumin, Total Protein.

Please forward as much of the following information as possible:

- ___ ECG
- ___ Cardiac Catheterization report
- ___ Cardiac Catheterization films or CD
- ___ Office notes, discharge summaries and/or history and physical
- ___ Previous surgery reports (CABG, Valve surgery)
- ___ Electrophysiology studies (pacemakers, AICD)
- ___ Nuclear Medicine Studies

Thank you for your assistance.

Celia Rifkin
Pre Heart Transplant Nurse Coordinator
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