

# University of Louisville – Jewish Hospital Lung Transplant Patient Referral

To refer a patient, please complete this form and attach a copy of the records that are requested below. Referral letters and documents **can be faxed** to us at: **502-587-4780**, or **mailed** to:

Jewish Hospital Transplant Center  
201 Abraham Flexner Way  
Suite 1001  
Louisville, KY 40202

**Patient Information:** Diagnosis: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell or alternate phone: \_\_\_\_\_  
Smoking cessation date (if applicable): \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Referring Physician Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Insurance Information (complete all fields)

**Fax front and back copy of patient's insurance card**

Primary insurance name: \_\_\_\_\_ Phone: \_\_\_\_\_  
If Medicare, effective date: \_\_\_\_\_ Policy holder's name: \_\_\_\_\_  
If not self, provide policy holder's DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Policy holder's employer: \_\_\_\_\_  
Policy holder employer address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Secondary insurance: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## Please attach the following records:

- 1) Most recent history/physical or hospital discharge summary.
- 2) Most recent pulmonary function tests.
- 3) Most recent blood gas analysis.
- 4) Most recent radiologic studies (Chest x-ray and CT). Disc should be mailed.
- 5) Most recent echocardiogram (if performed).
- 6) Most recent cardiac catheterization (if performed).
- 7) Lung pathology reports (if performed).

Upon receiving records we will verify in network status for insurance and contact patient to offer an appointment within 2 – 4 weeks. When contacted, patients will speak with our transplant coordinators for an initial intake evaluation. If you have questions, you may call Mary Bobbit, RN at **502-587-4780** option #2.

We look forward to providing for your patient!