DukeMedicine

PATIENT REFERRAL FORM

Duke Transplant Services

Lung and Heart/Lung Transplant Program

Toll-Free: 800-249-5864, option 1
Local: 919-613-7777, option 1
Fax: 919-681-5770

USPS: Box 102347, Durham, NC 27710
FedEx/UPS: 330 Trent Drive, Room 133
Hanes House, Durham, NC 27710

Patient Demographic Information

Date: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Gender: M F Race: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Patient E-mail: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Referring Physician Information

Name: _____

Group Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

E-mail: _____

Name of Person Completing This Form: _____

Patient Insurance Information (attach copy of both sides of card)

Insurance Name: _____

Policyholder's Name: _____

Policyholder's DOB: _____ Insurance Phone: _____

Policy Number: _____ Group Number: _____

Secondary Insurance Information (attach copy of both sides of card)

Insurance Name: _____

Policyholder's Name: _____

Policyholder's DOB: _____ Insurance Phone: _____

Policy Number: _____ Group Number: _____

Patient General Clinical Information

If Available, Duke History Number: _____

Patient Height: _____ Patient Weight: _____

Smoking Cessation Date: _____ Oxygen Use at Rest: _____ at Exertion: _____

Required Medical Information

- Arterial blood gas and pulmonary function test (PFT) results from the last 12 months
- Recent clinic notes including list of current medications
- Reports of any cardiology studies, including heart catheterization, echo, and stress test
- Recent chest x-ray report
- Operative reports from any thoracic surgeries
- Recent lab results including complete blood count and comprehensive metabolic panel