

KIDNEY TRANSPLANT INTEREST FORM

Date

Patient Name

PLEASE CHOOSE ONE OF THE FOLLOWING:

- YES, I am interested in more information about Kidney Transplant.

I would like to be evaluated for transplant at:

- Advocate Christ Medical Center
- Barnes-Jewish Hospital
- Indiana University Health
- Lurie Children's Hospital (Pediatrics only)
- Loyola University Medical Center
- Memorial Medical Center (Springfield)
- Northwestern Memorial Hospital
- OSF St. Francis Medical Center (Peoria)
- Rush University Medical Center
- Unity Point Des Moines Iowa
- University of Chicago Medicine
- University of Illinois Medical Center at Chicago
- University of Iowa
- University of Wisconsin Health (Madison, WI)
- VETERAN'S ADMINISTRATION (I am a veteran)

- NO, I am not interested in Kidney Transplant at this time. If I change my mind, I will inform my Primary Nurse or the Charge Nurse.

Patient Signature

To be completed by physician

- NO, Patient is not a transplant candidate due to:

Physician Signature

Social Worker Signature

Date Referred