

# Kidney Transplant Interest Form

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

- 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*

- YES**, I am interested in more information about kidney transplant.

I would like to be evaluated for transplant at:

## Illinois

- 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
- University of Chicago Medicine
- University of Illinois Medical Center at Chicago

## Iowa

- Iowa Methodist Transplant Center (Des Moines, IA)
- University of Iowa Hospitals and Clinics (Iowa City, IA)
- VA Iowa City Health Care System (Iowa City, IA)
- Unity Point (Des Moines, IA)

## Kansas

- University of Kansas Health System (Kansas City, KS)

## Missouri

- Barnes-Jewish Hospital Transplant Center (St. Louis, MO)
- The Transplant Institute at Research Medical Center (Kansas City, MO)
- Saint Luke's Hospital Kidney Transplant (Kansas City, MO)
- SSM Health Transplant Center at St. Louis University Hospital (St. Louis, MO)
- University of Missouri Health Care Transplant Program (Columbia, MO)
- Nebraska Medicine Kidney Transplant (Omaha, NE)

## Nebraska

- Nebraska Medicine Kidney Transplant (Omaha, NE)

## Wisconsin

- University of Wisconsin Health (Madison, WI)

## Veteran's Administration

- I am a veteran

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\_\_\_\_\_  
Date

*To be completed by physician*

NO, patient is not a transplant candidate due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Social Worker Signature*

\_\_\_\_\_  
*Date Referred*