

# Network 12 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Iowa Methodist Transplant Center (Des Moines, IA)        | <input type="checkbox"/> The Transplant Institute at Research Medical Center (Kansas City, MO)         |
| <input type="checkbox"/> University of Iowa Hospitals and Clinics (Iowa City, IA) | <input type="checkbox"/> Saint Luke's Hospital Kidney Transplant (Kansas City, MO)                     |
| <input type="checkbox"/> VA Iowa City Health Care System (Iowa City, IA)          | <input type="checkbox"/> SSM Health Transplant Center at St. Louis University Hospital (St. Louis, MO) |
| <input type="checkbox"/> University of Kansas Health System (Kansas City, KS)     | <input type="checkbox"/> University of Missouri Health Care Transplant Program (Columbia, MO)          |
| <input type="checkbox"/> Barnes-Jewish Hospital Transplant Center (St. Louis, MO) | <input type="checkbox"/> Nebraska Medicine Kidney Transplant (Omaha, NE)                               |

### To be completed by physician

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

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

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

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

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