HealthCare

University of Kentucky Vascular Access Service
Vascular Access Consultation Request Form

Referral Instructions: To refer a patient to the University of Kentucky Vascular Access Service, please fax this form and your cover sheet to 859-257-3644. To speak with a representative directly, call 859-323-2766. We appreciate your referral and look forward to working with you and your patients.

If available, please provide the following items with this fax:

- ❑ Patient demographic sheet
- ❑ Copy of insurance cards (front and back)
- ❑ Medication list
- ❑ Recent history and physical and/or discharge summaries

Patient Information

Last name _____ First name _____ Middle initial _____ Date of birth (month/day/year) _____

Mailing address _____ Social Security number _____

City _____ State _____ Zip _____ Sex ❑ Male ❑ Female

Maiden name _____ Mother's maiden name _____ (_____) _____ Phone number

Interpreter needed? ❑ Y ❑ N Height _____ Weight _____

Dialysis Unit Information

Dialysis unit _____ Contact name _____ (_____) _____ Phone number

Address _____ (_____) _____ Fax number

City _____ State _____ Zip code _____ County _____

On what day(s) of the week does the patient have dialysis? ❑ M ❑ Tu ❑ W ❑ Th ❑ F ❑ Sa ❑ Other

Referring Physician Information

Physician name _____ Contact name _____ (_____) _____ Phone number

Physician NPI number _____ Email _____

Address _____ (_____) _____ Fax number

City _____ State _____ Zip code _____ County _____

Thank you for consulting with the University of Kentucky Vascular Access Service.

University of Kentucky Transplant Center | 740 S. Limestone, Suite K300, Lexington KY 40536-0284
Phone: 859-323-2766 | Fax: 859.257.3644