

Adult Heart Transplant External Intake Form

Phone number: 352.265.0751 | Fax: 352.627.4421

Today's Date: _____

PATIENT INFORMATION			
Date:		E-mail:	
Name:		Phone:	Cell:
Address:			
DOB:	Gender:	Race:	Ethnicity:
Height:	Weight:	BMI:	
Marital Status:		Maiden Name:	
Spouse Name:		Spouse contact number:	
Is interpreter needed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:	
Any previous Transplants? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, which organ(s): _____			
Place of Transplant(s): _____		Date of Transplant(s): _____	
REQUESTING FACILITY			
Person initiating request:		Phone:	
Requesting physician:		DSM:	
Facility:		NPI#:	
Phone:		Fax:	
Address:			
Primary care physician (PCP):		DSM:	
Phone:		Fax:	
Address:			
DOCUMENTATION TO INCLUDE			
REQUIRED: <input type="checkbox"/> Clear copy of current insurance cards <input type="checkbox"/> Most recent MD office note <input type="checkbox"/> Most recent lab work completed <input type="checkbox"/> Patient demographic/face sheet (or patient information completely filled) <input type="checkbox"/> Diagnostic reports: echo, CXR, EKG, stress test, etc.		INCLUDE IF APPLICABLE: <input type="checkbox"/> Images of diagnostic reports sent through Nuance Power Share or on CD <input type="checkbox"/> Diagnostic reports: left heart cath, ICD/pacer, CABG surgical report <input type="checkbox"/> Vaccine history <input type="checkbox"/> Most recent Colonoscopy report (and pathology if applicable) <input type="checkbox"/> Most recent pap smear <input type="checkbox"/> Most recent mammogram <input type="checkbox"/> Most recent discharge summary	
Diagnosis: <input type="checkbox"/> ISCM <input type="checkbox"/> IDCM <input type="checkbox"/> CHF <input type="checkbox"/> Other: _____ Is patient currently in hospital? <input type="checkbox"/> Y <input type="checkbox"/> N		Physician Preference: <input type="checkbox"/> Juan Aranda, MD <input type="checkbox"/> Mustafa Ahmed, MD <input type="checkbox"/> Juan Vilaro, MD <input type="checkbox"/> James Wever-Pizon, MD	
NOTE: If you do not have a Nuance Power Share account, please use our secure link (https://www1.nuancepowershare.com) and generic login (tempphysician@shands.ufl.edu , "Password1"). If sending a physical CD, it should be brought by patients to their first visit.			



CL0056

Patient Name: _____ Patient Identification #: _____