

# 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:

- Iowa Methodist Transplant Center (Des Moines, IA)
  - Mercy Medical Transplant Center (Des Moines, IA)
  - University of Iowa Hospitals and Clinics (Iowa City, IA)
  - VA Iowa City Health Care System (Iowa City, IA)
  - University of Kansas Health System (Kansas City, KS)
  - 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)
- 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*