

UPMC TRANSPLANT SERVICES

UPMC Heart Transplant Program Personal Data Sheet

Please complete ALL FIELDS of this form to expedite processing and fax to 412-864-5913. Once we have received the completed forms and records, patient will go through financial clearance, interview, and be scheduled for evaluation if the program director determines the patient is a heart transplant candidate. This process may take approximately 2-4 weeks.

Patient Information

Name: _____

Address: _____

DOB: _____ Gender: Male Female

Race: _____

Ethnicity: _____

SSN: _____

Check One:

Employed Unemployed Retired Disabled

If Employed, Name and Address of Employer:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Marital Status: Single Married Divorced Widowed

Height: _____ Weight: _____

Smoking cessation data, if applicable _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Patient Diagnosis: _____

Referring Physician Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Primary Care Physician Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Insurance Information

Complete ALL FIELDS as fax copies of insurance cards may be illegible (fax FRONT AND BACK copy of patient's insurance card)

Primary insurance name: _____

Phone: _____

If Medicare, effective date _____

Policy #: _____ Group #: _____

Policy holder's name _____

If not self, provide Policy Holder's

Name: _____

DOB _____

SSN _____

Policy Holder's Employer _____

Policy Holder Employer Address

Secondary Insurance: _____

Phone: _____

Policy #: _____ Group# _____

CONTACT US:

PHONE: 412-648-6202 OR Toll Free: 844-548-4591

EMAIL: cttransplant@upmc.edu

PLEASE ATTACH:

- Results of your most recent cardiac cath, echocardiogram, stress test, EKG, CT chest scan, vascular studies, chest-x-ray, pulmonary function test, and abdominal ultrasound
- Most recent history & physical results, progress notes, and discharge summary
- Results of previous transplant evaluations, if available