

# 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](mailto: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