



**Mid-America Transplant Family House**

Fax – 314-735-8494

Phone – 314-357-6261

## Mid-America Transplant Family House Referral Form

Patient Information			
Patient's Name: _____			
Date of Birth: _____	Cell Phone: _____	Email: _____	
Patient Age: _____	Patient Sex: _____	Patient Race: _____	
Patient Status: <input type="checkbox"/> Pre-Transplant <input type="checkbox"/> Post-Transplant		Patient to Stay at Family House Y <input type="checkbox"/> N <input type="checkbox"/>	
Date of Transplant: _____			
Transplant Service: <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Pancreas <input type="checkbox"/> Other		Transplant Center: <input type="checkbox"/> BJH <input type="checkbox"/> SSM-SLUH <input type="checkbox"/> SSM- CGCH <input type="checkbox"/> SLCH	
Primary Caregiver's Name: _____		Primary Caregiver's Cell: _____	
Relationship to Patient: _____		Email Address: _____	
Requested Check-In Date: _____		Anticipated Length of Stay: _____	
Transplant Center Representative: _____		Phone: _____	Email: _____
Other Patient Information (or guardian, if patient is a minor)			
Patient's Home Address: <b>If PO Box, please include physical address also</b>			
City: _____	State: _____	ZIP Code: _____	
Employer: _____	Position: _____	Family Annual Income: _____	
Name of Legal Next of Kin: _____		Relationship to Patient: _____	Phone: _____
Number of Guests in Apartment (Immediate family or caregivers only): _____			
Does the Guest have their own transportation? _____			
Payment Information (we are unable to bill third parties)			
Who is responsible for payment? (Check One)			
<input type="checkbox"/> Family Self-Pay	<input type="checkbox"/> Family Applying for Financial Assistance from Mid-America– Please complete the Financial Assistance Application		
<input type="checkbox"/> Logisticare (must be pre-authorized)			
Signature of Transplant Center Representative: _____			Date: _____
Signature of Patient or Patient's Authorized Representative: _____			Date: _____