



NKF Kidney Transplant Subsidy Medical Referral Form
For Workup / Subsistence / Post-Cadaveric Kidney Transplant

A. Personal Information of Patient:

Name: \_\_\_\_\_

IC No.: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Dialysis Centre/Hospital: \_\_\_\_\_

Guardian: \_\_\_\_\_ Tel No: \_\_\_\_\_

B. Medical Conditions/Comorbidities:

i) \_\_\_\_\_ ii) \_\_\_\_\_

iii) \_\_\_\_\_ iv) \_\_\_\_\_

v) \_\_\_\_\_ vi) \_\_\_\_\_

C. Other Relevant Medical Information:

\_\_\_\_\_  
\_\_\_\_\_

D. Current Treatment ( v ): Pre-Dialysis: [ ] HD: [ ] PD: [ ] Transplant: [ ]

E. Date / Location (Planned) of Kidney Transplant (if applicable): \_\_\_\_\_

F. Nature of the kidney transplant plan ( v ):

Pre-Transplant Phase: [ ] Transplant Phase: [ ] Post-Transplant Phase: [ ]

G. Purpose for which the NKF Kidney Transplant Subsidy is required ( v ):

(please provide quotation where applicable)

Post Cadaveric K/Transplant (RM 1,000/-): [ ] Subsistence: [ ] \_\_\_\_\_

Kidney Transplant Workup: [ ] Others, please state: [ ] \_\_\_\_\_

Comments: \_\_\_\_\_

H. Other Information:

\_\_\_\_\_  
\_\_\_\_\_

Name of Nephrologist: \_\_\_\_\_

Signature: \_\_\_\_\_

Rubber Stamp:

Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_