

Today's Date _____ / _____ / 20-_____

Please fax completed form along with the Doctor's Order, Operative Report, Medication List, Most Recent Labs, Demographic Sheet and Insurance Card(s).

Is patient a resident of a nursing home? ☐ No ☐ Yes Facility Name _____

Patient Name _____ D.O.B. _____

Contact No. _____ Last Dialysis _____ WT _____

Patient Primary Language ☐ English ☐ Spanish Other _____

Dialysis Days ☐ MWF ☐ TThS ☐ PD ☐ Nocturnal ☐ Home Hemo ☐ N/A

Access Type

☐ AV Graft ☐ AV Fistula ☐ Catheter ☐ Hero ☐ Oxygen Date of Creation ____ / ____ / 20-____

Location ☐ Right ☐ Left ☐ Forearm ☐ Upper Arm ☐ Chest ☐ Thigh

Desired Procedure ☐ Declot ☐ Fistulogram / Angiogram ☐ Venogram ☐ Vein Mapping

Indication ☐ Clotted Access ☐ Steal Syndrome ☐ Pain ☐ Immature Access ☐ Infiltration
☐ Aneurysm ☐ High Venous Pressure ☐ High Arterial Pressure ☐ Swollen Extremity
☐ Recirculation ☐ Difficult Cannulation ☐ Trasonic / Vasc-Alert Monitoring
☐ Prolonged Bleeding ☐ Decreased Blood Flow ☐ Other _____

Catheter Procedure

Site ☐ Tunneled ☐ Non-tunneled ☐ Right ☐ Left ☐ IJ ☐ Groin ☐ Subclavian

Date of Insertion _____ / _____ / 20-_____

Desired Procedure ☐ Insertion ☐ Exchange ☐ Removal

Indication ☐ Initiation of Dialysis ☐ Clotted Catheter ☐ Poor Function ☐ Broken Catheter
☐ Infection Date 1st Used _____ / _____ / 20-_____ (Please send cultures if available)
☐ Fistula ☐ Graft ☐ Regained ☐ PD
☐ Exchange Temporary Catheter for Permanent Catheter

Clinical Information

X-Ray Contrast Allergy? ☐ Yes ☐ No ☐ Reaction? _____

Competent to Sign Consent? ☐ Yes ☐ No If "No", by whom? _____

Phone _____ - _____ - _____

Transportation Needs

Type of Transportation? ☐ Self ☐ Family ☐ Company _____

☐ Ambulatory ☐ Cane ☐ Walker ☐ Wheelchair ☐ Stretcher

Phone _____ - _____ - _____

Dialysis Center

Center Name _____ Scheduled by (Verbal Order - Nurse) _____

Nephrologist _____ Surgeon _____

Referring Physician's Signature, if available _____

For access center use only

Appointment Date / Time _____ ☐ Faxed ☐ Text

Transportation arranged w/ _____ ☐ Faxed

Primary Ins _____ ☐ Approved

Secondary Ins _____ ☐ Approved