



**Southwest Vascular Access Center, S.C.**  
 12250 S. Cicero Ave., Suite 112  
 Alsip, IL 60803  
 Phone: 708-371-5308 . Fax: 708-371-5964

**REFERRAL FORM**

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_

SS# \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Dialysis Unit \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Nephrologist \_\_\_\_\_

*Please Include*

\*H&P \*Demographics \*Insurance Information \*Current Medication List  Isolation Patient

• **Dialysis Days and Shift**

○ M W F      T T H S      1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>

• **Access Type and Location**

○ Right / Left      ○ Fistula / Graft / Catheter      ○ Arm / Thigh / Chest

• **Please Choose Reason for Referral**

- Thrombectomy / Declot (no bruit or thrill ) \_\_\_\_\_
- Angiogram / Angioplasty \_\_\_\_\_ Indication \_\_\_\_\_
- Catheter Insertion \_\_\_\_\_ Removal \_\_\_\_\_ Exchange \_\_\_\_\_
- Vessel / Vein Mapping \_\_\_\_\_
- Other \_\_\_\_\_

Interventional Procedures are performed by Dr. Ahuja, Dr. Thomas and Dr. Onyenwenyi

• **Surgical Consultation**

Mondays / Fridays  
 12250 S Cicero Ave, Suite 112  
 Alsip, IL 60803

Fridays Only  
 1717 S. Wabash  
 Chicago, IL 60616

- New Patient Consultation / Access Planning Consult \_\_\_\_\_
  - Please include recent vein map if applicable
- Surgical Evaluation of Access \_\_\_\_\_
- Other \_\_\_\_\_

Surgical Consultations are performed by Dr. David Shapiro

**Referring Physician's Signature, if available:** \_\_\_\_\_

**Referral Completed by: (Verbal Order – Nurse)** \_\_\_\_\_ **Date:** \_\_\_\_\_