



Vascular Access  
CENTER OF NORTHERN VIRGINIA

Referral Form

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

Please fax completed form along with the following to 703-378-7571: • Patient demographic sheet • Medication list  
• Insurance cards • Most recent H&P

Patient Information Is patient a nursing home resident? Yes No  
If yes, please include that information in space below.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Competent to sign consent? Yes No If no, who? \_\_\_\_\_ Phone #: \_\_\_\_\_

Dialysis Unit Information Dialysis days: Mon/Wed/Fri Tues/Thurs/Sat  
Dialysis Unit: \_\_\_\_\_ Date of last dialysis treatment: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Scheduled by: \_\_\_\_\_  
Nephrologist: \_\_\_\_\_

Catheter Procedure Site: Right Left  
Tunneled Non-tunneled  
IJ Groin Subclavian  
Access Procedure Type: AV fistula AV graft HeRO Graft  
Location: Right Left Arm Thigh  
Indication for evaluation: Other  
Insertion Poor function No longer required  
Catheter repair Infection- Type Exchange  
Check here for Bilateral extremity vessel mapping for fistula evaluation  
Indication for evaluation: Other Pain  
Clotted Prolonged bleeding Non-maturing fistula Infiltration  
Low Kt/V Swollen extremity Difficult Cannulation Aneurysm  
Steal Syndrome High arterial pressure High venous pressure Follow-up

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

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

Attention Charge Nurse: Please remind patient that they must have a responsible driver to drive them home after their procedure or their procedure may be cancelled. Please give the patient the "7 Steps to Make Your Appointment a Success" form for other patient reminders. Thank you.

For access center use only. Appointment date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_:\_\_\_\_ Pick-up time: \_\_\_\_:\_\_\_\_ Confirmed by: \_\_\_\_\_