

**VASCULAR CENTER  
OF WICHITA NEPHROLOGY**

2122 N. Garnett Street  
Wichita, KS 67206  
PHONE (316) 636-1234 / (888) 588-2630  
FAX (316) 636-2630

**REFERRAL SHEET**

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

HOME ADDRESS OR PLACE OF RESIDENCE \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (other) \_\_\_\_\_

NEPHROLOGIST \_\_\_\_\_ VASCULAR SURGEON \_\_\_\_\_

DIALYSIS UNIT \_\_\_\_\_ PT SCHEDULE: MWF TThS

TYPE OF ACCESS \_\_\_\_\_ LOCATION OF ACCESS \_\_\_\_\_

DATE OF ACCESS CREATION \_\_\_\_\_ PT HEIGHT \_\_\_\_\_ PT WEIGHT \_\_\_\_\_

HAS ACCESS BEEN REVISED \_\_\_\_\_ DATE OF REVISION \_\_\_\_\_ SURGEON \_\_\_\_\_

REFERRING PHYSICIAN'S SIGNATURE, IF AVAILABLE: \_\_\_\_\_

REFERRAL COMPLETED BY: (VERBAL ORDER – NURSE) \_\_\_\_\_

INSURANCE \*no longer accept Medicaid patients

PRIMARY INSURANCE \_\_\_\_\_ POLICY# \_\_\_\_\_ GROUP# \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ POLICY# \_\_\_\_\_ GROUP# \_\_\_\_\_

**REASON FOR REFERRAL**

- ☐ BLEEDING
- ☐ DIFFICULT CANNULATION
- ☐ INFILTRATION
- ☐ POOR AUMENTATION
- ☐ SWOLLEN ARM
- ☐ SWELLING/ ANEURYSM ON ACCESS
- ☐ REDNESS OVER ACCESS
- ☐ DRAINAGE/ PUS
- ☐ PAIN/ TENDERNESS OVER ACCESS
- ☐ PAIN IN ACCESS ARM/ HAND
- ☐ WOUND OVER ACCESS OR HAND
- ☐ ACCESS DOES NOT COLLAPSE
- ☐ HIGH PITCHED BRUIT/ WHISTLE SOUND

- ☐ ASSESS NEW AV FISTULA
- ☐ PULLING CLOTS
- ☐ CLOTTED ACCESS
- ☐ POSITIVE BLOOD CULTURES
- ☐ OTHER \_\_\_\_\_
- POOR FLOW \_\_\_\_\_ ml/min
- POOR TRANSONIC \_\_\_\_\_ ml/min
- HIGH ARTERIAL PRESSURE \_\_\_\_\_ ml/min
- HIGH VENOUS PRESSURE \_\_\_\_\_ ml/min
- RECIRCULATION \_\_\_\_\_ %
- OTHER \_\_\_\_\_