4805 Montgomery Rd, Suite 140
Cincinnati, OH 45212
513.631.4555 phone
513.631.5546 fax

Referral Form

Please Print All Information

Date: _____

Patient Name: _____

Patient Address: _____

Resident of Nursing Home: ☐ Yes ☐ No Facility Name: _____ Phone: _____

Patient Phone: _____ Patient DOB: _____

Patient SSN: _____ Mode of Transportation: _____

Primary Insurance: _____ Policy No.: _____

Secondary Insurance: _____ Policy No.: _____

Access Type: ☐ AV Graft ☐ AV Fistula ☐ No Existing Access ☐ Catheter ☐ PD Catheter

Location: ☐ Right ☐ Left ☐ Arm ☐ Thigh ☐ Chest ☐ Abdomen

Date of Creation: _____ Surgeon: _____

Desired Procedure:

AVF / AVG: ☐ Declot ☐ Fistulogram / Graftogram ☐ Vessel Mapping

HD Catheter: ☐ Placement ☐ Exchange ☐ Repair ☐ Removal

PD Catheter: ☐ Replace ☐ Reposition ☐ Removal

Indication:

☐ Aneurysm ☐ Broken Catheter ☐ Clotted ☐ Difficult Cannulation
☐ Exposed Cuff ☐ Infection ☐ Infiltration ☐ Initiation of Dialysis
☐ High Venous Pressure ☐ Low Kt/V / URR ☐ Negative Arterial Pressure
☐ No longer required ☐ Non-Maturing Fistula ☐ Pain ☐ Poor Blood Flow
☐ Prolonged Bleeding ☐ Recirculation ☐ Steal Syndrome ☐ Swollen Extremity
☐ Abnormal Surveillance ☐ Other: _____

Clinical Information:

Dialysis Center Name: _____ Phone: _____

Last Dialysis Treatment: _____ Dry Weight: _____

Dialysis Days: ☐ Monday, Wednesday, Friday ☐ Tuesday, Thursday, Saturday

Allergies:

Contrast / Iodine / Shellfish ☐ Yes ☐ No Reaction: _____

ChloraPrep / Chlorhexidine ☐ Yes ☐ No Reaction: _____

Heparin ☐ Yes ☐ No Reaction: _____

Lidocaine ☐ Yes ☐ No Reaction: _____

Coumadin / Warfarin: ☐ Yes ☐ No PT / INR _____ Date: _____

Other Blood Thinner(s): _____

Primary Language: _____ Interpreter Required: ☐ Yes ☐ No

Competent to sign consent: ☐ Yes ☐ No If "No", POA _____ Phone: _____

Verbal Order – Nurse Signature: _____ Nephrologist: _____

Referring Physician (and Signature, if available): _____

Please fax <u>completed</u> form along with Patient Demographic Sheet, Insurance Card(s), Medication List, H & P and Infectious Disease Status.