



REFERRAL DATE \_\_\_\_ - \_\_\_\_ - 20\_\_\_\_ DIALYSIS CENTER \_\_\_\_\_ NEPHROLOGIST \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PATIENT ADDRESS \_\_\_\_\_

IS PATIENT ABLE TO SIGN CONSENTS YES/NO (If No, POA \_\_\_\_\_) DATE OF LAST DIALYSIS \_\_\_\_\_

DIALYSIS DAYS: M/W/F T/TH/S

SURGEON \_\_\_\_\_ DATE PLACED \_\_\_\_\_

**INSURANCE INFORMATION (SEND COPY OF CARDS IF AVAILABLE AND MEDICATION LIST)**

PATIENTS D.O.B \_\_\_\_ - \_\_\_\_ - \_\_\_\_ PATIENTS S.S.N. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

**TUNNELED CATHETER:**

Refer for: Cath Placement Cath Exchange

LEFT / RIGHT INTERNAL JUGULAR / FEMORAL VEIN

- Exit site infection Culture results \_\_\_\_\_
- Bacteremia Antibiotics given \_\_\_\_\_
- BFR <300
- Difficulty with pulling/flushing in either ports
- Cuff exposed
- Other: \_\_\_\_\_

Refer for: Cath Removal

LEFT / RIGHT INTERNAL JUGULAR / FEMORAL VEIN

- Renal Recovery
- Mature AV Access

Refer for: Vein Mapping

- New access placement
- On Dialysis Yes / No

Surgeon Referral \_\_\_\_\_

Thrombectomy

- Clotted Fistula (Circle One): Left / Right
- Clotted graft (Circle One): Left / Right

**FISTULA/GRAFTS:**

LEFT / RIGHT GRAFT / FISTULA  
UPPER ARM / LOWER ARM / GROIN

- Low URRs/Poor Clearances
- High venous pressure >200
- Low arterial pressure < (-) 200
- Difficult cannulation
- Prolonged bleeding
- Infiltration
- New aneurysm or expanding aneurysm
- Aspirating clots
- Poor BFR
- Immature AV Access  
*(Fistula created >6 weeks ago or Graft created >2 weeks ago and not cannulated or feels poor)*
- Pain along access
- Swelling of limb
- Hyperpulsatile access
- Poor bruit/thrill
- Fistula does not collapse on elevation of arm
- Pain/numbness in access arm/hand (steal syndrome)
- Other: \_\_\_\_\_

**OTHER/NOTES**

Referred By: \_\_\_\_\_

Signature: \_\_\_\_\_