

## Dialysis Access Services

2260 W. Higgins Road • Suite 101 • Hoffman Estates, IL 60169  
Tel: 847-963-0644 • Fax: 847-358-0627

**IF THIS IS A TIME SENSITIVE REQUEST, PLEASE CALL THE CENTER DIRECTLY.**

**\*\*INCOMPLETE FORMS AND/OR MISSING INFORMATION MAY DELAY THE SCHEDULING PROCESS \*\***

TODAY'S DATE \_\_\_\_\_ REQUESTED DATE \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_

PATIENTS ADDRESS \_\_\_\_\_

\_\_\_\_\_

PATIENTS PHONE NUMBER \_\_\_\_\_

DIALYSIS CENTER \_\_\_\_\_

LAST DATE OF SUCCESSFUL DIALYSIS \_\_\_\_\_

PATIENT REGULAR DIALYSIS DAYS

M-W-F       T-T-S       M-F  
 AM       MID       PM

PLEASE FAX THE FOLLOWING INFORMATION TO OUR OFFICE:

1. DEMOGRAPHIC SHEET
2. MEDICATION LIST
3. INSURANCE CARD(S)

### ACCESS TYPE

AVG       AVF       CATHETER

LOCATION:  RT FOREARM       LT FOREARM

RT CHEST       RT UPPER ARM       LT UPPER ARM

LT CHEST       RT THIGH       LT THIGH

INDICATION:  INFILTRATION       REPAIR  
 INFECTION       ANEURYSIM       NO LONGER NEEDED  
 CLOTTED       PROLONGED BLEEDING       PAINFUL  
 DIFFICULT CANNULATION       NON MATURING FISTULA       SWELLING  
 DECREASED ACCESS FLOW       STEAL SYNDROME       OFFICE VISIT

OTHER \_\_\_\_\_

### CLINICAL INFORMATION

CONTRAST OR IV DYE ALLERGY?  YES \_\_\_\_\_  NO       PREP ORDERED

DIABETIC?  YES <sup>Reaction</sup> \_\_\_\_\_  NO

ANTICOAGULANTS?  COUMADIN       PLAVIX       OTHER

COMPETENT TO SIGN CONSENT?  YES       NO      IF NO -WHOM \_\_\_\_\_

LAST TWO ACCESS FLOW READINGS (REQUIRED)      PHONE \_\_\_\_\_

\_\_\_\_\_  
READING      DATE      READING      DATE

### TRANSPORTATION

THE PATIENT MUST LEAVE THE CENTER WITH A RESPONSIBLE ADULT COMPANION. TRANSPORTATION IS THE RESPONSIBILITY OF THE PATIENT.

### DIALYSIS CENTER

Fax: \_\_\_\_\_ Nephrologist: \_\_\_\_\_

Phone: \_\_\_\_\_ Scheduled by: \_\_\_\_\_ Surgeon: \_\_\_\_\_