



# REFERRAL FORM

## Indiana Surgery & Vascular Center

1420 N. Senate Boulevard • Indianapolis, IN 46202  
Phone: 317-634-0920 • Fax: 317-634-0921

**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: \_\_\_\_\_

FULL NAME : \_\_\_\_\_

DOB : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

CITY, STATE ZIP : \_\_\_\_\_

PHONE : \_\_\_\_\_

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:**

DEMOGRAPHIC SHEET      MEDICATION LIST  
INSURANCE CARD(S)

### ACCESS TYPE: Location - RT / LT

AVG     PAVF     AVF     No Access     Vein Mapping (specify surgeon) \_\_\_\_\_     Catheter Location:  Chest     Groin  
RT or LT    RT or LT

### INDICATION:

Abnormal Bruit/Thrill     Aneurysm     Broken     Clotted     Decreased Access Flow     Difficult Cannulation  
 Exchange     High Venous Pressure     Infection     Infiltration     New Placement     No Longer Needed  
 Non Maturing Fistula     Office Visit     Painful     Poor Arterial Pressure     Poor Function     Poor Kt/v Clearance  
 Prolonged Bleeding     Recirculation     Repair     Steal Syndrome     Swelling     Other: \_\_\_\_\_

### CLINICAL INFORMATION

Contrast or IV Dye allergy?

Yes    Reaction \_\_\_\_\_  
 No     Prep Ordered

Diabetic?

Yes     No

Anticoagulants:

Coumadin     Plavix     Eliquis  
 Brilinta     N/A     Other: \_\_\_\_\_

Competent to sign consent?

Yes     No

Last Two Access Flow Readings (Required)

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

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

Whom: \_\_\_\_\_ Phone: \_\_\_\_\_

### TRANSPORTATION

Can patient provide own transportation to and from facility?

Yes     Needs transportation

Post Procedure Destination:  Home     Dialysis Clinic     Other: \_\_\_\_\_

### DIALYSIS CENTER

Referring Physician: \_\_\_\_\_ Nephrologist: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Scheduled By: \_\_\_\_\_