

Dialysis Admissions Intake Form

P: 1-888-ROGOSIN (1-888-764-6746) F: 646-317-0516

Patient Name: _____ Date: _____/_____/_____

Admission Type: (Please check)

New Admission Transfer In Readmission (past 30 days) Resume (within 30 days) Transient

Contact Name: _____ Contact Phone: _____ Contact E-mail: _____

Hospital/Dialysis Unit/Practice: _____

Primary Nephrologist (if known): _____ Nephrologist Phone (if known): _____

STEP 1: SCHEDULE A PATIENT

Please **COMPLETE** this **FORM** and **FAX** it along with patient's **FACE SHEET** (insurance & demographics.)

Requested Facility or Zip Code: _____

Anticipated Start Date: _____

Preferred Schedule: MWF TTHS AM PM

Patient is Flexible:

STEP 2: FINALIZE PLACEMENT

To **CONFIRM ADMISSION**, please **FAX** the following:

- Last 3 HD treatment records (if available)
- Current history & physical (within last year)
- PPD, Chest X-Ray (within 90 days) or QUANTIFERON
- Albumin____, Creatinine____, Hemoglobin____
- Most recent monthly lab results (within 30 days)
- Most recent Hepatitis Panel
 - Hep B Antigen (HBsAG) (within 30 days)
 - Hep B Surface Antibody (HBsAB) (within 12 months)
 - Hep B Total Core Antibody (HBcAB) (within 12 months)
- Psychosocial Assessment
- COVID 19 Result within 72 hours prior to admission

IF AVAILABLE:

- Discharge summary sheet
- Consultations
- Access/associated Operative Reports
- EKG
- 2728 (if applicable)
- COVID 19 Vaccination Record

PATIENT CARE

First Date of Dialysis Ever: _____/_____/_____

Treatment Duration: _____ hrs _____ mins Frequency: _____

MODALITY:

- In-Center Hemo
 Home Hemo
 PD

DIAGNOSIS:

- ESRD
 Acute Renal Failure

ACCESS TYPE: Graft Fistula CVC

Date of access placement: _____/_____/_____

Date access first used: _____/_____/_____

Other: _____

SPECIAL NEEDS:

Does the patient have a tracheostomy? Y N

Require treatment in bed? Y N

Other special needs? _____

AMBULATION STATUS:

- Ambulatory without assistance
 Ambulatory with device (walker, cane, etc.)
 Requires stretcher transport

MODE OF TRANSPORTATION: _____

Notes:

***Please use this page as your fax cover sheet.**