

About You

No

Mark Preferred
Contact Method

COVID-19 Screening

Patient Information

Patient Name: _____

Nephrologist: _____ Special Needs: _____

Does the patient:

Currently have a trach?

Have a history of dialysis? Yes No

TTS _____ p.m.

Does the patient currently have any reportable communicable diseases?

Please select:

Yes

No

Flexible with facility?

Flexible with shift?

Employed?

Able to sign consents?

Access Type

CVC

Fistula

Other: _____

Diagnosis

ESRD

AKI

First Date of Dialysis Ever: _____

In-center Hemo

Home Hemo

PD

Patient Scheduling

Face Sheet (with insurance and demographics)

PPD or Chest X-Ray (with 90 days) PPD Preferred

History and Physical (within last year)

Hepatitis (Hep) B Panel

- HEP B Surface Antigen (HBsAg) (within 30 days)

- HEP B Surface Antibody (HBsAb) (within 30 days)

- HEP B Total Core Antibody (HBcAb) (within 30 days)