PATIENT SCHEDULING FORM - DIALYSIS

P:904-320-0680 F:904-320-0800

Minimally Invasive Vascular

DATE:_____ **PATIENT NAME:**_____ **DATE OF BIRTH**_____

PATIENT ADDRESS:_____ **CITY**_____ **ST:**_____ **ZIP:**_____

HOME #:_____ **CELL#:**_____ **WORK#:**_____

DIALYSIS CLINIC: ☐ **MONDAY** ☐ **TUESDAY** ☐ **WEDNESDAY** ☐ **THURSDAY** ☐ **FRIDAY** ☐ **SATURDAY** ☐ **SUNDAY**

ACCESS PROCEDURE:

☐ AV Graft ☐ AV Fistula ☐ Upper Arm ☐ Ellipsys

LOCATION: ☐ Left ☐ Right ☐ Forearm ☐ Ultrasound ☐ Thigh

PROCEDURE DESIRED ☐ Venogram ☐ Declot ☐ Chest ☐ Ultrasound Vein Mapping

☐ Fistulogram/Graftogram ☐ IV Contrast Vein Mapping ☐ Other _____

INDICATIONS :

☐ High Venous Pressure	☐ Non Maturing Fistula	☐ Infiltration	☐ Pain
☐ Prolonged Bleeding	☐ Difficult Cannulation	☐ Access Surveillance	☐ Aneurysm
☐ Clotted Access	☐ Swollen Extremity	☐ Steal Syndrome	☐ Recirculation

CATHETER PROCEDURES:

SITE: ☐ Tunneled ☐ Non-Tunneled ☐ Left ☐ Right ☐ Chest ☐ Groin

PROCEDURE DESIRED: ☐ Catheter ☐ Insertion ☐ Removal ☐ Other_____

INDICATIONS: ☐ Broken Catheter ☐ Painful Catheter ☐ Infection ☐ Clotted Catheter

☐ *No Longer Required ☐ Exchange Temporary Catheter for Permanent Catheter

*Reason No Longer Required_____ Other_____

CLINICAL INFORMATION:

ANY ANTICOAGULANTS?	☐ Coumadin	☐ Plavix	☐ ASA	☐ Other_____
DIABETIC:	☐ Yes	☐ No		☐ Latex Allergy
X-RAY CONTRAST:	☐ Yes	☐ No		☐ Reaction_____

TRANSPORTATION NEEDS:

Can the patient arrange their own transportation? ☐ Yes ☐ No ☐ MIV Arranged Transporation

☐ Electric Wheelchair ☐ Manual Wheelchair ☐ Cane ☐ Walker ☐ Stretcher ☐ Ambulatory

Post-Procedure Destination: ☐ Dialysis Clinic ☐ Home ☐ Other_____

DIALYSIS CLINIC INFORMATION:

Chair Time:_____

Referred by_____ **Phone**_____ **Fax**_____

Nephrologist_____ **Surgeon**_____

Competent to Sign Consent? ☐ Yes ☐ No **If not who?** _____ **Phone** _____

If patient is forgetful or confused, a second signature is required:_____

***Some or all of the following may be required to be faxed to our office:**

1) Insurance Cards 2) Most Recent H & P 3) Patient Demographic Sheet 4) Medication List 5) Prescriptions for Procedure