

## About You

\_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mark Preferred Contact Method

## COVID-19 Screening

Has the patient tested positive for COVID-19 within the last 10 days?      Yes      No

## Patient Information

Nephrologist: \_\_\_\_\_ Special Needs: \_\_\_\_\_

	Yes	No	Documents Attached	Page#	Access Type	Diagnosis
Does the patient:					CVC	ESRD
Currently have a trach?				_____	Fistula	AKI
Have a history of trach?				_____	Other: _____	
Require treatment in a bed?				_____	First Date of Dialysis Ever: _____	
					In-center Hemo	Home Hemo      PD

## Patient Scheduling

Anticipated Discharge Date: \_\_\_\_\_ Schedule Preference:  
 Preferred Facility(s) or Zip Code: \_\_\_\_\_ MWF a.m.  
 TTS p.m.  
 Treatment Frequency: \_\_\_\_\_  
 Is the patient: Yes No  
 Flexible with facility?  
 Employed?  
 Able to sign consents?

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  
 - (HBsAg) (within 30 days)  
 - (HBsAb) (within 12 months)  
 - HEP B Total Core Antibody (HBcAb) (within 12 months)