

1126 Slide Road, Suite 1 · Lubbock, TX 79416

Phone 806-792-2222 · Fax 806-792-8888

Dialysis Access Scheduling Information/Referral Information

Patient's Name _____ D/O/B _____ SS# _____
 Home Phone: _____ Home Address _____
 City _____ ZIP _____ Dialysis: MWF TTS 1 2 3
 Is transportation needed? YES/ NO Call: _____ In Nursing Home? YES/NO
 Nephrologist _____ Vascular Surgeon _____ Dialysis Ctr. _____

DESIRED PROCEDURE

INDICATION

Angiogram (Fistulogram)	Aneurysm	Low Access Flow
Angioplasty	Clotted Access	Non-Maturing Access
Declot	Decreased URR or Kt/V	Pain
Catheter Placement	Difficult Cannulation	Recirculation
Catheter Exchange	Increased Arterial Pressure	Steal Syndrome
Catheter Removal	Increased Venous Pressure	Swollen Extremity
Vein Mapping	Infection	
OTHER _____	Infiltration	OTHER _____

ACCESS INFORMATION

Date Created _____

AV Graft _____ AV Fistula _____ Catheter _____ Location _____

Contrast Allergies? YES/NO (If yes, call for pre-meds orders)

_____ Indicate if Access placed is less than 4 weeks old

If Patient has an Advanced Directive, please bring copy to appointment

Name: _____ **Phone:** _____ **ext.** _____
 (Print) Nurse/Contact person

Signature: _____ **Date Completed:** _____