

Patient Referral Form

Patient name: _____

Referral type:

- new
 readmit (>30 days)
 transfer (non-NKC facility)

Attending Nephrologist: _____

Diagnosis ICD-10 code:

- ESRD: _____
 (see reference sheet)
- acute:
- N17.0 tubular necrosis
 - N17.1 cortical necrosis
 - N17.9 AKF, unspecified

Required information to process referral:

- Face sheet
- 2728 Questionnaire (ESRD only)
- Hepatitis B serologies (prior 30 d)
(HBsAg, anti-HBs, anti-HBc)
- Chest X-ray (prior 30 d)
- Tunneled line report (if applicable)
- Initial orders
- H&P or comprehensive renal progress note w/ problem list
- Medication list
- If hospitalized, recent hospital notes and HD treatment record

Admission source:

- Home
 Hospital (name): _____

Anticipated discharge date:

- within 1 - 2 days
 3 or more days

Date of 1st dialysis:

Location, 1st dialysis:

Modality:

- HD, in-center
 HD, home
 PD

Access:

- HD catheter
 AVF/AVG
 PD catheter

Access surgery:

surgeon name:
 clinic:
 date of surgery:

Patient Care Needs: (check all that apply)

	<i>need</i>	<i>rationale</i>	<i>patient-specific details</i>
	Bed	unable to sit in chair	
	Bariatrics	threshold is > 350 pounds	
	unable to ambulate >50 feet	assistive device? (wheelchair, walker, etc)	
	isolation room	Hep B, C diff, other	
	unable to give informed consent	name of family member or DPOA	
	interpreter services	language needed	
	patient scheduling preferences	reason (work, school, religion, etc)	
	NKC unit preference (if known)	based on living location, transportation needs, etc	

Additional Comments:

Who should Admissions Team contact with any urgent clinical questions or clarifications??

provider name:

phone number: