NORTHWEST Kidney Centers

Patient Referral Form

Attending Nephrologist: (Will follow at NKC)		Date:	
Referring Physician: (If different than Attending)		Phone Number:	
Notes:		Email:	

STEP 1: For Placement

Please complete this form and upload / submit or fax copy of the Face Sheet (for insurance and demographics).

Patient Name:		Diagnosis: ☐ ESRD ☐ AKI	
First Date of Dialysis Ever:		Anticipated NKC Start Date:	
Preferred Schedule:	☐ MWF ☐ TThSa ☐ SuTTh ☐ AM ☐ Mid-Day ☐ PM ☐ Patient is flexible	Requested NKC Facility or:	
		Patient's Zip:	
Modality:	☐ In-Center Hemo ☐ Home Hemo ☐ PD	Access:	☐ HD Catheter ☐ Fistula ☐ PD Catheter ☐ Graft
ICD-10 Code: Special Needs:		Interpreter Services Needed:	☐ Yes ☐ No Language:
Hep B Antigen (HBsAg) Status:	☐ Negative ☐ Positive ☐ Unknown ☐ Test In-process	For Urgent Clinical Questions:	☐ Attending Physician ☐ Referring Physician ☐ Other:
Admission Source:	☐ Home ☐ Hospital	Hospital Name: University of Washington - Harborview Other Hospital:	
Additional Comments:			