

PVG Northeast Atlanta Vascular Care

One Dunwoody Park South, Suite 130

Atlanta, GA 30338

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For Office Use Only

Initial Appointment Date: _____

Initial Appointment Time: _____

For Billing Office Use Only

ICD-10: _____

***Required Fields**

*Today's Date: _____ *Completed By: _____

*Patient Name: _____ *DOB: _____

*Address: _____ *Dialysis Schedule: ☐ MWF ☐ TTS

*Phone No.: _____ Or _____ *Shift: ☐ 1 ☐ 2 ☐ 3 ☐ 4

*Dialysis Center: _____ Last Dialysis Treatment: _____

*Nephrologist: _____ *Dialysis Center Phone: _____ *Dialysis Center Fax: _____

*Skilled Nursing Facility (SNF): ☐ Yes ☐ No *SNF Name: _____ *SNF Phone: _____

*Hospice Patient: ☐ Yes ☐ No *Hospice Name: _____ *Hospice Phone: _____

*Access Type: ☐ Graft ☐ Fistula ☐ Catheter *Access Location: ☐ Right ☐ Chest ☐ Forearm ☐ Upper Arm
☐ Left ☐ Thigh ☐ Groin

Date of Creation: _____ Surgeon: _____

*Service Requested: ☐ Evaluate and Treat

AVF/AVG Indication:

☐ Clotted Access - Date Clotted: _____ ☐ Cold/Numbness/Pain ☐ Other: _____
☐ Pulling Clots ☐ Infiltration ☐ High Venous Pressure ☐ Non-Maturing Fistula ☐ Recirculation
☐ Aneurysm ☐ Low BFR ☐ Difficult Cannulation ☐ Abnormal Functional Studies ☐ Vein Mapping
☐ Low Kt/V ☐ Weak Thrill/Bruit ☐ Prolonged Bleeding ☐ Swollen Extremity Studies

Catheter Procedure Requested:

Date of Insertion: _____ Facility Where Placed: _____

Type: ☐ Tunneled ☐ Non-tunneled Site: ☐ Right ☐ Left ☐ IJ ☐ Groin ☐ Subclavian Indication: ☐ Clotted Catheter ☐ Poor Function ☐ Broken Catheter ☐ No Longer Required ☐ Exchange temporary catheter for permanent catheter ☐ Other: _____

Desired Procedure: ☐ Insertion ☐ Catheter Exchange ☐ Removal

Clinical Information:

X-Ray Contrast Allergy? ☐ Yes ☐ No Reaction: _____

Diabetic? ☐ Yes ☐ No If yes, is the patient on insulin? ☐ Yes ☐ No

Anticoagulants? ☐ Yes ☐ No If yes, what type? _____

Competent to Sign Consent? ☐ Yes ☐ No If no, whom? _____

Is the patient ambulatory? ☐ Yes ☐ No Wheelchair? ☐ Yes ☐ No Stretcher? ☐ Yes ☐ No

Referring Physician or Nurse Signature: _____

Please fax form with demographics, insurance information, H&P and current medication list.

This referral expires one year from the date issued.