



Dialysis Access Referral Form

PVG Cleveland East Vascular Care
23650 Commerce Park, Ste A, Cleveland, OH 44122
P: 216.273.8010, F: 216.378.9005

*** Required Fields**

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

*Patient Name: _____ *DOB: _____

*Address: _____ *Dialysis Schedule: MWF TTS

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

*Dialysis Center: _____ *Last Dialysis: _____

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

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

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

AVF/AVG EVALUATION AND TREATMENT:

INDICATION: Difficult Cannulation Low Kt/V Prolonged Bleeding Infiltration

High Venous Pressure High Arterial Pressure Aneurysm Low BFR Non-Maturing Fistula

Abnormal Functional Studies Weak Thrill/Bruit Recirculation Cold/Numbness/Pain Swollen Extremity

Clotted Access - Date Clotted: _____ Other/Describe: _____

NEW DIALYSIS ACCESS CREATION:

Patient consultation with ultrasound vein mapping and clinic visit to evaluate for new **percutaneous AV Fistula** for hemodialysis

Patient consultation with clinic visit to evaluate for placement of a new **peritoneal dialysis catheter**.

INDICATION: Patient is currently on hemodialysis Patient has CKD and the need for dialysis is anticipated.

DIALYSIS CATHETER EVALUATION AND TREATMENT:

PROCEDURE: Insertion Catheter Exchange Removal Clamp Repair

INDICATION: Clotted Poor Function Broken Catheter No Longer Required Exchange temporary for permanent catheter

Other/Describe: _____

CLINICAL INFORMATION:

X-Ray Contrast Allergy? Yes No Reaction/Describe: _____

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, then whom? _____

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

FOLLOW UP CARE COORDINATION REQUEST

1. The Referring Physician Practice ("Practice") and Cleveland East Vascular Care ("PVG") acknowledge that there is a significant need in the Cleveland community ("Community") for a comprehensive, high quality, accessible, cost-effective, and coordinated approach for the delivery of care to ESRD patients.
2. Practice and PVG desire to manage and coordinate care services for ESRD patients by offering coordinated care delivery and care coordination programs to assist with managing and improve care coordination and outcomes for ESRD patients which will specifically address reduction in potentially avoidable rehospitalization, reduction in unnecessary emergency department utilization and appropriate care strategies for ESRD patients that include vascular access services provided by PVG.
3. Practice requests that PVG provide: (a) ongoing assessment of the vascular access of the patient as determined to be medically necessary by Practice and/or PVG; (b) medically necessary and clinically appropriate medical interventions to address any vascular issues that materially affect a patient's ability to receive dialysis services; and (c) timely updates to Practice of all services provided by PVG to Practice's patients.

Signature: _____	Name: _____	Verbal or Fax Order received from: _____
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Please fax form with demographics, insurance information, H&P and current medication list.