ANDREWS
KIDNEY CARE

Patient Intake Form

Admission Type: ☐New Admission ☐Transfer-in Start date requesting: _____

☐ Transient From: _____ to _____

Hospital/Facility Name _____ Patients name _____

Contact information:

Your Name: _____ Contact #: _____

Fax #: _____ Email: _____

Patient information :

Nephrologist: _____ Special needs: _____

Diagnosis: ☐ ESRD ☐ AKI **First Date of Dialysis Ever:** _____

Check the following:	**Yes**	**No**
Currently have a trach?	☐	☐
Bedbound?	☐	☐
Weight >450lbs	☐	☐
Patient in a wheelchair	☐	☐

Access Type

☐ CVC
☐ Fistula/Graft
☐ Other _____

Below is the information necessary prior to admitting the patient to Andrews Kidney Care.

☐ Demographics
☐ Labs (CMP)
☐ History & Physical
☐ Nephrology Consultation note
☐ Hepatitis C
☐ PPD or chest X-ray
☐ Home medication list
☐ Treatment records
☐ Access placements records
☐ Hepatitis (Hep) B Panel
- Hepatitis B Surface Antibodies
- Hepatitis B Surface Antigens
- Heptatitis B Core

Existing ESRD patients on dialysis please include the following:

☐ 2728
☐ Plan of Care

To help with continuity of care, please provide the following after the patient is discharged.

☐ Discharge Summary
☐ Referrals that require follow-up.

Fax information to: 432-355-9993