



Patient scheduling form

Dialysis access

Today's Date _____

Patient Name _____ Date of Birth _____

Patient Address _____ City _____ State _____ Zip Code _____

Home # _____ Office # _____ Cell # _____

Dialysis Clinic _____ M/W/F T/TH/S

NOTE: In compliance with the Universal Protocol for Wrong Site Surgery, all areas highlighted in VIOLET must be completed in full by the referrer.

Access Procedure: AV Fistula / AV Graft / AV Fistula Creation / PD Catheter Placement

Location: Right / Left Forearm Upper Arm Chest Thigh

Desired Procedure: Declot Fistulogram/Graftogram Venogram Ultrasound Vein Mapping
 Other _____

Indication: Clotted Access Pain Non Maturing Fistula
 High Venous Pressure Infiltration Access Surveillance
 Prolonged Bleeding Difficult Cannulation Steal Syndrome
 Recirculation Swollen Extremity Aneurysm

Catheter Procedure:

Site: Tunneled / Non-Tunneled Right / Left Chest / Groin

Desired Procedure: Insertion Catheter Change Removal Other _____

Indication: Clotted Catheter Painful Catheter Infection
 Broken Catheter No Longer Required* Other _____
 Exchange temporary catheter for permanent catheter

* Reason no longer required: _____

Clinical Information:

X-Ray Contrast Allergy Yes No Reaction _____

Diabetic Yes No Latex Allergy

Any Anticoagulants? Coumadin Plavix ASA Other _____

Transportation Needs:

Is the patient able to provide or arrange his/her own transportation? Yes No Azura arranged transport

Ambulatory Cane Walker Stretcher Electric wheelchair Manual wheelchair

Post- procedure destination: Home Dialysis clinic Other _____

Dialysis Clinic - Please complete the following information:

Referred by _____ Phone _____ Fax _____

Nephrologist _____ Surgeon _____

Competent to sign consent? Yes No

If No, whom? _____ Phone _____

If the patient is confused or forgetful, a second signature is REQUIRED: _____

Some or all of the following may be required to be faxed to our office:

- 1. Prescription for Procedure 2. Insurance Cards 3. Pt. Demographic Sheet 4. Medication List 5. Most recent H&P

Azura Use Only - Appointment Date/Time _____ Pickup Time _____ Confirmed by _____