Admissions Intake Form

To facilitate timely placement, please submit this intake form in full.

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Admission Type: ☐ New Admission ☐ Resume (within 30 days) ☐ D2D Transfer (post 30 days) ☐ Transfer-in Non-DaVita

ABOUT YOU

Your Name: _____ **Contact Phone:** _____ ☐

Your Title: _____ **Contact Fax:** _____ ☐

Hospital/Practice: _____ **Contact Email:** _____ ☐

Mark Preferred Contact Method

PATIENT INFORMATION

Patient Name: _____ **Special Needs:** _____

Nephrologist: _____

Does the patient:	Yes	No	Documents Attached	Page#
• Currently have a trach?	☐	☐	☐	_____
• Have a history of trach?	☐	☐	☐	_____
• Require treatment in a bed?	☐	☐	☐	_____

Access Type:
- ☐ CVC
- ☐ AKI
- ☐ Other_____

Diagnosis:
- ☐ ESRD
- ☐ Fistula

First Date of Dialysis Ever: _____ /_____ /_____

☐ In-center Hemo ☐ Home Hemo ☐ PD

PATIENT SCHEDULING

Preferred Facility(s) or Zip Code: _____

Treatment Frequency: _____ **Duration:** _____

Is the patient interested in home dialysis?
☐ Yes ☐ No ☐ Not yet discussed

Schedule Preference:
☐ MWF ☐ TTS ☐ a.m. ☐ p.m.

Is the patient:	Yes	No
• Flexible with facility?	☐	☐
• Flexible with shift?	☐	☐
• Employed?	☐	☐
• Able to sign consents?	☐	☐

REQUIRED CLINICAL DOCUMENTATION

- ☐ Face Sheet (with insurance and demographics)
- ☐ History and Physical (within last year)
- ☐ TB Clearance (within 90 days) PPD (Preferred), Chest X-Ray, or Quant Gold
- ☐ Pre-Dialysis Labs (*Texas state required)*
- ☐ Medication List (*Texas state required)*
- ☐ Allergy List (*Texas state required)*
- ☐ Hepatitis B Surface Antigen (HBsAg within 30 days)
- ☐ Hepatitis B Surface Antibody (HBsAb within 1 year)
- ☐ Hepatitis B Total Core Antibody (HBcAb within 1 year)

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TX Specific