

New Patient Admission Intake Form:

Please note: All of the following items must be received before a dialysis appointment will be scheduled.

Patient Name: _____ DOB: _____ Height(CM): _____

Nephrologist: _____ Primary Cause dx of ESRD: _____ AKI dx: _____

Date of First Dialysis: _____ Location of First Dialysis: _____ Expected Start Date: _____

Preferred Unit: Home Smokey Point Whidbey Anacortes Everett Monroe MT LK Terrace

Lakewood Bremerton Poulsbo Port Orchard Port Townsend

Medical Records are available via EPIC EMR Providence Swedish Other

OR attach hard copies:

Patients without a fistula or graft must have an appointment with the vascular surgeon prior to admission to the dialysis unit.

Vascular Surgeon: _____ Appointment date _____

Surgical Access Placement Report (if available)

Admitting History and Physical (within 6 months preferred)

Nephrology Consult (if available)

PPD or Chest X-ray noting no evidence of TB within 12 months of admission to dialysis unit

Hep B Surface Antigen (if antibody < 10, result must be within 30 days of admission; if equal or > 10, result must be within 12 months)

Hep B Surface Antibody (within previous 12 months) and Hep B Core Antibody (any draw date)

Current Labs within 30 days of first treatment date

Initial Orders completed and signed by Nephrologist

Face sheet including insurance information and demographics

Copy of insurance cards **Full Social Security#:** _____

For Transfer Patients only:

Last three treatment records

Copy of 2728

Assessment and Care Plan (within 12 months)

Immunization/Vaccine History (if available)

Please check if any of the following apply:

Receives premium assistance from WA Kidney Disease Program or American Kidney Fund

Inability to follow directions and cooperate with staff instructions.

Skin breakdown that requires frequent position changes.

Parenteral or Enteral Nutritional Support.

Chronic incontinence of stool.

Other medical conditions which require non-standard ambulatory care delivery:

PLEASE FAX or EMAIL ALL OF THE ABOVE RECORDS TO:

PUGET SOUND KIDNEY CENTERS – ATTENTION ADMISSIONS COORDINATOR

PHONE: 425-259-2003 FAX: 425-403-4008 EMAIL: admissions@pskc.net

(Do not email PHI without proper encryption)