



Peter Gregory, MD

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Date: _____

Patient Information

Name _____
Date of birth _____
Primary number _____
Secondary number _____
Insurance name _____
Insurance ID _____

Provider & Unit Information

Unit name _____
Unit Phone number _____
Treatment Days _____
Transportation _____
Provider _____

Access Treatment

DIALYSIS ACCESS FISTULAGRAM

- Fistula Right Upper Arm
 Graft Left Forearm
 Thigh

CLINICAL INDICATIONS(S)

- Abnormal Bruit / Thrill
 Clotted Access (No Thrill)
 Prolonged Bleeding
 Abnormal Pressure
 Low Kt/V
 Enlarging Pseudoaneurysms
 Difficult Cannulation / Infiltration
 Extremity Swelling
 Immature Fistula
 Poor Flow
 Pain
 Other _____

ALLERGIES: _____

ADDITIONAL COMMENTS:

Ultrasound Diagnostics

EVALUATIONS

- Vessel Mapping for New AV Access
 Ultrasound ONLY for AV Access Dysfunction
 Venous Ultrasound for extremity swelling or varicose veins
 Arterial Ultrasound for claudication or leg wounds

Catheter Dialysis Access

DIALYSIS CATHETER PROCEDURE

- Hemodialysis
 Peritoneal

CLINICAL INDICATIONS(S)

- New Placement
 Exchange
 Removal
 Repair
 Declot / Thrombolysis
 Infection
 Poor Flow
 Pain
 Other _____

Yes No

- Allergy to IV Contrast Dye? _____
 Able to Sign Informed Consents? _____
 Translator required? _____
 Transportation Arranged? _____

PLEASE FAX REFERRAL TO 253-874-1923 WITH DEMOGRAPHICS, INSURANCE INFORMATION, RECENT LAB RESULTS & MEDICATION LIST

NOT SURE WHAT TO ORDER? CALL 253-874-7107 TO SPEAK WITH OUR STAFF.

THANK YOU FOR THIS REFERRAL!

