

Peter Gregory, MD

Aparna Baheti, MD

Laura Slee, ARNP

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 _____

Fistula 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:

Catheter Treatment

DIALYSIS CATHETER PROCEDURE

- Hemodialysis
 Peritoneal

Clinical Indications(s)

- 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? _____

New Access Placement

DIALYSIS CATHETER PROCEDURE

- Hemodialysis Catheter
 Peritoneal Catheter
 Ellipsys

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

**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!