

USRC Patient Admissions Form

Toll Free: 800-550-9664 | Fax: 615-234-2416 | email: admissions.inbox@usrenalcare.com

Please complete this form in its entirety and submit this form along with all required documents (listed below) via email or fax.

ADMISSION TYPE: New to dialysis Transfer Visitor (visiting <30 days) Modality change only

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Phone #: _____ First day of ESRD (if appl.): _____

REFERRAL SOURCE INFORMATION

Referring clinic/hospital:	Contact Person:	Phone #:
Referring Physician:		Fax #:
		Email:

REQUESTED FACILITY INFORMATION

Requested USRC Clinic / Program, City, State: _____
 Requested Start Date: _____ # of treatments (only if visitor for <30 days): _____
 In-Center HD Treatment Time >4 hours? YES NO Accepting Physician: _____

MODALITY AND DIAGNOSIS – please select the modality and the patient diagnosis

Modality: IN-CENTER HD HOME HD PD **Diagnosis:** ESRD AKI

PATIENT CLINICAL INFORMATION – responses to these questions are required to confirm admission

Does the patient have an infection that may pose a risk to others?

- | | | | |
|---|---|------------------------------|-----------------------------|
| 1. Resistant organisms, e.g., MRSA, VRE, MRSE, Candida (if yes, please specify: _____) | 1 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. COVID-19 | 2 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. HBV | 3 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Tuberculosis | 4 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Are there any medical accommodations that need to be made for the patient?

- | | | | |
|--|---|------------------------------|-----------------------------|
| 5. IV medication, non-formulary (if yes, please specify: _____) | 5 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. LifeVest | 6 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. LVAD | 7 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Open trach or ventilator | 8 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Are there any other special accommodations that need to be made for the patient?

- | | | | |
|---|----|------------------------------|-----------------------------|
| 9. Large chair and/or hooyer lift (if yes, please specify: _____) | 9 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Dialysis bed or stretcher (if yes, please specify: _____) | 10 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Known history of violent or disruptive behavior in a healthcare setting | 11 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Pediatric patient who cannot be dialyzed as an adult | 12 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

REQUIRED AND REQUESTED DOCUMENTS AND MEDICAL RECORDS (please see footnote* for add'l state-specific requirements)

Patients NEW to dialysis	Transfer patients (current ESRD, transfer for at least 30 days)	Visiting patients (current ESRD, visiting for <30 days)
<p>Required:</p> <ul style="list-style-type: none"> Completed Admissions form (this form) Demographic sheet, including insurance info History and Physical and/or last 2 nephrologist notes (within last 30 days) Dialysis orders including active meds (current) HBsAg (within the last 30 days) <p>Requested if available:</p> <ul style="list-style-type: none"> Labs (within the last 30 days) HBV panel (within the last year) PPD or Chest X-Ray (within the last 30 days) 	<p>Required:</p> <ul style="list-style-type: none"> Completed Admissions form (this form) Demographic sheet, including insurance info History and Physical (within last 1 year) Dialysis orders including active meds (current) HBsAg (within the last 30 days) or HBVsAb >10 (within last year) <p>Requested if available:</p> <ul style="list-style-type: none"> Labs (within the last 30 days) HBV panel (within the last year) PPD or Chest X-Ray (within the last year) Plan of Care (current) 2728 form 	<p>Required:</p> <ul style="list-style-type: none"> Completed Admissions form (this form) Demographic sheet, including insurance info History and Physical (within last 1 year) Dialysis orders including active meds (current) HBsAg (within the last 30 days) or HBVsAb >10 (within last year) HGB/HCT (Previous Month), URR, KT/V (Current Month) PPD or Chest X-Ray (within the last year) Plan of Care (current) <p>Requested if available:</p> <ul style="list-style-type: none"> HBV panel (within the last year) 2728 form

*DE, HI, NY require complete HBV panel (within last year); TX requires complete HBV panel (within 30 days); HI requires PPD or CXR; AZ, CO, DE, SC require H&P (within the last 30 days)