

# Patient Admissions Form

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

	<b>TOLL FREE</b>	<b>MAIN FAX</b>	<b>EMAIL</b>
	<b>(800) 550-9664</b>	<b>(615) 234-2416</b>	<b>admissions.inbox@usrenalcare.com</b>

**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 Physician:	<input type="checkbox"/> Same	Referring Clinic/Hospital:	Phone #:
Accepting Physician:		Contact Person:	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## MODALITY, DIAGNOSIS, AND ACCESS TYPE – please select the modality, patient diagnosis, and access type

**Modality:**  IN-CENTER HD     HOME HD     PD    **Diagnosis:**  ESRD     AKI    **Access Type:**  CVC     Fistula     Graft     PDC

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

**Does the patient have a clinically active infection that may pose a risk to others?**  NO

- Resistant organisms, e.g., MRSA, VRE, MRSE, Candida 1.  YES (If yes, please specify: \_\_\_\_\_)
- COVID-19 2.  YES
- HBV 3.  YES
- Tuberculosis 4.  YES

**Are there any medical accommodations that need to be made for the patient?**  NO

- IV medication, non-formulary 1.  YES (If yes, please specify: \_\_\_\_\_)
- LifeVest 2.  YES
- LVAD 3.  YES
- Open trach or ventilator 4.  YES

**Are there any other special accommodations that need to be made for the patient?**  NO

- Large chair and/or hooyer lift 1.  YES (If yes, please specify: \_\_\_\_\_)
- Dialysis bed or stretcher 2.  YES (If yes, please specify: \_\_\_\_\_)
- Known history of violent or disruptive behavior in a healthcare setting 3.  YES
- Pediatric patient who cannot be dialyzed as an adult 4.  YES

## REQUIRED AND REQUESTED DOCUMENTS AND MEDICAL RECORDS (please see footnote\* for additional state-specific requirements)

### PATIENTS NEW TO DIALYSIS

- Required:**
- Completed Admissions form (this form)
  - Demographic sheet, including insurance info
  - History and Physical and/or last 2 Nephrologist notes (within last 30 days)
  - Last 3 dialysis flowsheets
  - HBsAg (within last 30 days)
- Requested if available:**
- Labs (within last 30 days)
  - HBV panel (within last year)
  - PPD, Chest X-Ray, QuantiFERON-TB Gold (QFT) (within last 30 days)
  - COVID Vaccination Record

### TRANSFER PATIENTS

*(Current ESRD, transfer for at least 30 days)*

- Required:**
- Completed Admissions form (this form)
  - Demographic sheet, including insurance info
  - History and Physical (within last 1 year)
  - Last 3 dialysis flowsheets
  - HBsAg (within last 30 days) or anti-HBs ≥10 (within last year)
  - 2728 Form
- Requested if available:**
- Labs (within last 30 days)
  - HBV panel (within last year)
  - External USRC: PPD, Chest X-Ray or QuantiFERON-TB Gold (QFT) (within last year)
  - Internal USRC: TB verify in EMR
  - Plan of Care (current)
  - COVID Vaccination Record

### VISITING PATIENTS

*(Current ESRD, visiting for <30 days)*

- Required:**
- Completed Admissions form (this form)
  - Demographic sheet, including insurance info
  - History and Physical (within last 1 year)
  - Last 3 dialysis flow sheets
  - Dialysis orders including active meds (current)
  - HBsAg (within last 30 days) or anti-HBs ≥10 (within last year)
  - Hgb/Hct (Previous Month), URR, Kt/V (Current Month)
  - External USRC: PPD, Chest X-Ray or QuantiFERON-TB Gold (QFT) (within last year)
  - Internal USRC: TB - verify in EMR
  - Plan of Care (current)
  - 2728 form
- Requested if available:**
- HBV panel (within last year)
  - COVID Vaccination Record

\*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 last 30 days)