Fayetteville Vascular and Vein Center, P.A.	Dialysis Access Referral Form	*Non Invasive Vascular Imaging Also Provided by Fayetteville Vascular and Vein Center, P.A.*

Today's Date: _____

Patient Name: _____

Patient Date of Birth: _____ SS#: _____

Contact Person/Patient Representative: _____ Relationship: _____

Phone: Home _____ Cell: _____ Work: _____

Patient Address: _____

(If nursing home, please indicate and use that address and phone number.)

Existing Access Procedure: ❑ AV Graft ❑ AV Fistula

Dialysis: ❑ MW/F ❑ T/Th/S ❑ Nocturnal

Location: ❑ Right / ❑ Left ❑ Forearm ❑ Upper Arm ❑ Chest ❑ Thigh

Desired Procedure: ❑ Declot ❑ Fistulogram/Graftogram ❑ Transposition ❑ Venogram

❑ Other_____

❑ Clotted Access
❑ High Venous Pressure
❑ Prolonged Bleeding
❑ Recirculation
❑ Pain
❑ Infiltration
❑ Difficult Cannulation
❑ Swollen Extremity
❑ Non Maturing Fistula
❑ Decreased Flow on Access Surveillance
❑ Steal Syndrome
❑ Enlarging AV Access Psuedoaneurysm

Evaluation for New Access

Desired procedure: ❑ AV Fistula Placement ❑ AV Graft Placement ❑ Perm Cath Placement

- Prior Vein Mapping ❑ Yes ❑ No
- Prior Upper Extremity Venography ❑ Yes ❑ No
- Prior Venous Duplex ❑ Yes ❑ No
- AICD/ Defibrillator ❑ Yes ❑ No
- Prior Mastectomy ❑ Yes ❑ No
- Others _____

Clinical Information:

Iodine/ Shellfish Allergy? ..... ❑ Yes ❑ No ❑ Reaction? _____

X-Ray Contrast Allergy? ..... ❑ Yes ❑ No ❑ Reaction? _____

Diabetic? ..... ❑ Yes ❑ No

Sleep Apnea? ..... ❑ Yes ❑ No ❑ CPAP

Any Anticoagulants? ..... ❑ Coumadin ❑ Plavix ❑ ASA ❑ Other _____

The Following Information MUST BE COMPLETED IN FULL

Referring Physician: _____ Clinic Name: _____

Primary Care Physician: _____ Referring NPI#: _____

Phone: _____ Fax: _____ Contact Name: _____

To Facilitate and Speed Up Scheduling Please Fax the Following Items to Our Office Along with the Referral Form:

1. Insurance Cards 2. Patient Demographic Sheet 3. Medication List 4. Most Recent H & P
5. Labs, Ultrasound and Procedure Reports Pertaining to the Diagnosis

Our Office Will Notify the Patient About Their Appointment

3410 Village Drive, Suite 200 ● Fayetteville NC 28304 ● Tel: 910.401.0202 ● Fax: 910.401.0210