



Clinical Admission Checklist

Patients Name: _____

Current Status / Location: _____

Date of Birth: _____

Date Request: _____

New ESRD Patient: Yes No

Expected Start Date: _____

	New ESRD Patient
Required Information:	
1.) Patient Demographic	
2.) Copies (front and back) of all Insurance card and Drivers License copy	
3.) Physicians orders for Out Patient Dialysis	
4.) History and Physical	
5.) Consultations	
6.) Flow Sheets (most resent x3)	
7.) Bilateral Ches X-ray or PPD	
8.) Current Hepatitis Profile	
8.a) Hepatitis B Surface Antigen (HbsAg)	
8.b) Hepatitis Surface Antibody (HbsAb)	
8.c) Hepatitis B Total Core Antibody (HbcAB)	
9.) Lab Reports (Hematocrit, Hemoglobin, Chemistries, URR and Kt/V)	
10.) Vascular Access Operative Notes	
11.) EKG if Available	
12.) Medications Lists	
13.) Vaccination Records (Flu, Pneumonia, etc)	
14.) IDT assessments (Nursing, Psychosocial and Dietary)	
15.) 2728 (Required if patient is transfer/started treatment somewhere else)	
Others:	