

In-Center and Home Clinic Communication Form



To Be Completed by In-Center Clinic

Patient Name: _____ D.O.B.: _____

Patient Phone: _____

Dialysis Center Name: _____

Contact Person: _____

Clinic Address: _____

Clinic Phone: _____

Nephrologist: _____

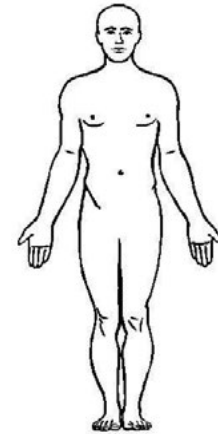
Indicate Access Location Below

Dialysis day: M/W/F T/Th/Sat

Dialysis Shift: 1st 2nd 3rd Nocturnal

Current Dialysis Access: AV-Fistula
 Graft
 Central Venous Catheter

Interest Area: Traditional Home Hemodialysis
 Short Frequent Home Hemodialysis (NxStage)
 Peritoneal dialysis
 All



General Notes: _____



To Be Completed by Home Clinic

Home Clinic Name: _____ Contact Person: _____

Home Clinic Address: _____ Clinic Phone: _____

Appointment Date/Time: _____

Modality Transition

Home Training Appointment Date/Time: _____

In-Center: Please provide most recent lab report and updated medication list upon care transition.

Home: Please note if Patient should bring any of the following items:

Blanket Drink Snack Care Partner Other items: _____

Additional Info: _____