

# In-Center and Home Clinic Communication

## To Be Completed by In-Center Clinic

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Dialysis Center Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

\_\_\_\_\_ Nephrologist: \_\_\_\_\_

Dialysis day: ☐ M/W/F ☐ T/Th/Sat

Dialysis Shift: ☐ 1st ☐ 2nd ☐ 3rd ☐ Nocturnal

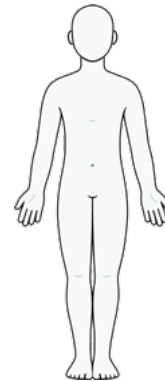
Current Dialysis Access: ☐ AV-Fistula ☐ Graft  
☐ Central Venous Catheter

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

General Notes: \_\_\_\_\_

\_\_\_\_\_

Indicate Access Location



## To Be Completed by Home Clinic

Home Clinic Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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 the patient should bring any of the following items:

☐ Blanket ☐ Drink ☐ Snack ☐ Care Partner ☐ Other Items: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_