

# 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: \_\_\_\_\_

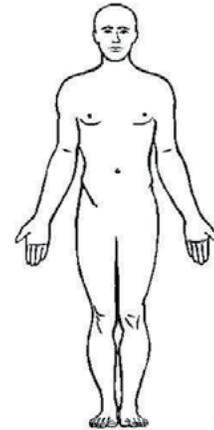
Indicate Access Location Below

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 the patient should bring any of the following items:

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

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