

# U.S. RENAL CARE®

## DIALYSIS PATIENT REFERRAL FORM

Type of patient:  New  Transfer Hemodialysis  Transfer Peritoneal Dialysis

USRC of Mechanicsburg  
120 South Filbert Street  
Mechanicsburg, PA 17055  
P- (717) 790-6080  
F- (717) 790-6081

USRC of Camp Hill  
158 South 32<sup>nd</sup> Street  
Camp Hill, PA 17011  
P- (717) 731-0506  
F- (717) 731-0508

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

First Date of Dialysis Ever \_\_\_\_\_

Nephrologists \_\_\_\_\_

Allergies \_\_\_\_\_

Diagnosis (Primary cause of Renal Failure) \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Patient's Height \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_

Address & phone # if patient is being discharged to a location other than address listed above

Home phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Work phone # ( ) \_\_\_\_\_

Cell phone # ( ) \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Transportation Plan To/From Dialysis \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE FAXED TO THE FACILITY ALONG WITH THIS REFERRAL FORM**

New patients need all items in column one.

Transfer patients (Hemodialysis and Peritoneal) need all items in column 1, 2 & 3

### COLUMN 1

Hospital Admission Registration Sheet  
Insurance Cards and Government Issued ID  
Lab Reports (Must include pre-dialysis labs)  
HBA1C, Ferritin, Lipid Profile & iron % saturation  
Hepatitis B antigen (last 30 days)  
Hepatitis C Antibody (last 30 days)  
Chest X-Ray (last 12 months)  
EKG (last 12 months)  
Dialysis Access/Operative report  
History & Physical (last 12 months)  
Last 3 Dialysis Treatment Sheets  
Medication List  
Was Epogen administered pre-dialysis? Y or N

### COLUMN 2

Long & Short term Care Plans  
Vaccination Record  
HCFA 2728  
Transplant Status  
Method Selection Form  
Recent PET, KTV & URR  
3 Month Average Hemoglobin's

### COLUMN 3

Transfer Unit \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_