

ACCESS REFERRALS ONLY -- PLEASE USE USA PATIENT REFERRAL FORM FOR ALL OTHER REFERRALS

VASCULAR ACCESS PATIENT REFERRAL FORM

Date: _____

Reason for Referral: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Initial vascular referral | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Prolonged bleeding | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Difficult cannulation | <input type="checkbox"/> Elevated venous pressure |
| <input type="checkbox"/> Multiple sticks | <input type="checkbox"/> Abnormal labs: VRR/Kt/V/urea |
| <input type="checkbox"/> Inadequate flow | |
| <input type="checkbox"/> Clot aspiration | |

Request for:

- | |
|---------------------------------------|
| <input type="checkbox"/> Office visit |
| <input type="checkbox"/> Fistulagram |
| <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Other: _____ |

Explain Details: _____

Is this request emergent or first available within two weeks

USA Surgeon Requested: _____ or 1st available

Patient Name: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell: _____ Other: _____

Date of Birth: _____ Select: Male Female **Attach Face Sheet**

Relevant Medical History

Current Access: none catheter fistula graft

Previous Accesses: AVF AVG Perm Cath

Access Location: _____ Date Placed: _____ Surgeon: _____

Is patient on dialysis? Yes No If 'Yes' what days? M T W Th F S Su

Dialysis Clinic: _____ Start time: _____

Does patient require public transportation? Yes No If yes, # of days notice needed: _____

Is patient currently in a skilled nursing facility? Yes No

Nephrologist/Referring Physician: _____

Practice: _____ Office Contact: _____

Email: _____ Phone: _____ Fax: _____

Along with this form, please send: Vein Mapping Order, Relevant H&P, Office Notes

FAX TO: 423-493-2369 or

EMAIL: USAVascAccess@universitalsurgical.com

**Thank you for your referral! USA will contact you with the following appointment information:
Appointment Date and Time, USA Physician, and USA Office**



Erica R. Clark, DO, RPVI



Daniel F. Fisher Jr., MD,
FACS, RPVI



Mark W. Fugate, MD, FACS



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