



New Start Patient Placement Check List

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Patient Name _____ Referral Date _____

Hospital _____ Nephrologist _____

Case Manager _____ Contact Number _____

Required Records and Information

_____ Face Sheet

_____ Patient weight in kg

_____ Insurance cards

_____ Hepatitis B Surface Ag (within 30 days)

_____ H&P

_____ Labs (most recent full panel)

_____ Renal consult

_____ Pre-dialysis labs must include:
Serum albumin, Serum creatine, Hgb

Renal diagnosis: _____

_____ Dialysis orders

_____ HgbA1C

_____ Dialysis run sheets (all)

_____ Lipid panel (TC, LDL, HDL, TG)

Date of 1st dialysis run: _____

_____ Meds list with allergies

_____ Catheter placement

_____ EKG

_____ Chest x-ray

Comments/ Special needs: _____

_____ Ambulatory with out assistance

_____ Ambulatory with some assistance*

_____ Wheel Chair

_____ Hoyer

*please add comments