



Visitor and Transfer Placement Check List

Coordinator: JoAnn McCluskey

Phone (480)610-6109 Fax (480) 610-6187

jmccluskey@swkidney.com

Patient Name _____ Referral Date _____

Home Unit _____ Nephrologist _____

Case Manager _____ Contact Number _____

Required Records and Information

_____ Face Sheet _____ Hepatitis B Surface Ag (within 30 days)

_____ Insurance cards _____ Labs (most recent full panel)

_____ H&P _____ Meds list with allergies

_____ Dialysis orders _____ Psychosocial assessment (initial & note)

_____ Dialysis run sheets (last 3) _____ Dietary assessment (initial & note)

_____ 2728 _____ Long term care plan

_____ Vascular access information _____ Short term care plan

_____ Chest x-ray _____ EKG

_____ Patient summary form (long term visitor and transfers only)

Comments/ Special needs: _____

_____ Ambulatory with out assistance _____ Ambulatory with some assistance*

_____ Wheel Chair _____ Hoyer

*please add comments