

BENICIA DIALYSIS ACCESS CENTER
Delta Bay ASC
1208 E 5th Street
Benicia CA 94510-3502

PATIENT NAME _____
ADDRESS: _____
PHONE NUMBER: _____
PATIENTS DIALYSIS DAYS: _____ MWF _____ TTS

LAST DIALYSIS TREATMENT: _____
DATE OF REFERRAL: _____

ACCESS

_____ AV Graft _____ LEFT _____ FOREARM _____ DATE OF CREATION: _____
_____ AVF _____ RIGHT _____ UPPER ARM _____ SURGEON: _____
_____ THIGH

REFERRED FOR:
_____ Declot
_____ FISTULOGRAM +/- angioplasty
_____ Evaluate for new Access

INDICATION:
_____ Clotted _____ High venous pressures _____ Follow-up
_____ Infiltration _____ Aneurysm _____ Vessel map
_____ Prolonged Bleeding _____ Swollen extremity _____ Others _____
_____ Steal Syndrome _____ High Recirculation

CATHETER

_____ Tunneled _____ RIGHT _____ Internal Jugular
_____ Non Tunneled _____ LEFT _____ Subclavian
_____ Femoral

INDICATION:
_____ Insertion _____ No longer required
_____ Clotted Catheter lines _____ Infection
_____ Broken _____ Exchange temporary for tunneled catheter
_____ Poor Function _____ Others

CLINICAL INFORMATION

Contrast Allergy	YES	NO	Coumadin/ other anti-coagulants	YES	NO
Other Allergies	YES	NO	Competency to sign documents	YES	NO
Diabetic	YES	NO	Power of Attorney Tel #	_____	
CHF	YES	NO			

TRANSPORTATION

_____ Self _____ Transportation Company/ Tel # _____
_____ Family

AMBULATORY

_____ Independent _____ Wheelchair
_____ Cane _____ Stretcher
_____ Walker

INSURANCE INFORMATION

Date of Birth _____ Social Security Number _____ - _____ - _____
Primary Insurance: _____ POLICY # _____ Secondary Insurance: _____ POLICY # _____

FROM: DIALYSIS CENTER _____
SCHEDULED BY: _____
Nephrologist: _____

TELEPHONE # _____ FAX # _____
Surgeon: _____

SEND TO: EBNMG Vallejo Office

Telephone # 707-742-7510

FAX # 707-642-3048