



FISTULAGRAM/VENOGRAM

PATIENT:

DOB:

PROCEDURE DATE:

PATIENTS LAST DIALYSIS (/ /)

ORDERS

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

- MOST RECENT LABS (IF NEXT DAY)
- OP REPORTS
- IMAGING REPORTS

- DRIVER/TRANSPORT
- PT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY: _____



DECLOT

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT #:

- HOW URGENT, PATIENTS LAST DIALYSIS (/ /)
- DO THEY HAVE CATHETER: YES/NO

ORDERS

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

- MOST RECENT LABS
- OP REPORTS IF NOT AVAILABLE WHERE DONE:

- DECLOTTED IN PAST: YES/NO
IF YES, COPY OF REPORT IMAGING REPORTS

- DRIVER/TRANSPORT
- PT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY: _____