Admissions Intake Form

To facilitate timely placement, please submit this intake form in full.

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Admission Type: New Admission   Resume *(within 30 days)*   Readmission *(post 30 days)*   Transfer-in Non-DaVita

About You

Your Name: _____

Your Title: _____

Hospital/Practice: _____

Contact Phone: _____

Contact Fax: _____

Contact Email: _____

Mark Preferred Contact Method

COVID-19 Screening

Has the patient tested positive for COVID-19 within the last 10 days?   Yes   No

Patient Information

Patient Name: _____

Nephrologist: _____   Special Needs: _____

Does the patient:	Yes	No	Documents Attached	Page#
Currently have a trach?				_____
Have a history of trach?				_____
Require treatment in a bed?				_____
Does the patient currently have any reportable communicable diseases?				
Please select: Candida Auris CRE None				

Access Type
- CVC
- Fistula
- Other: _____

Diagnosis
- ESRD
- AKI

First Date of Dialysis Ever: _____

In-center Hemo   Home Hemo   PD

Patient Scheduling

Anticipated Discharge Date: _____

Preferred Facility(s) or Zip Code: _____

Treatment Frequency: _____   Duration: _____

Is the patient interested in home dialysis?   Yes   No   Not Yet Discussed

Schedule Preference:
- MWF   a.m.
- TTS   p.m.

Is the patient:	Yes	No
Flexible with facility?		
Flexible with shift?		
Employed?		
Able to sign consents?		

Attached Clinical Documents

Face Sheet *(with insurance and demographics)*
PPD or Chest X-Ray *(with 90 days) PPD Preferred*
History and Physical *(within last year)*
Pre-Dialysis Labs *(Texas state required)*
Medication List *(Texas state required)*
Allergy List *(Texas state required)*

Hepatitis (Hep) B Panel
- HEP B Surface Antigen (HBsAg) *(within 30 days)*
- HEP B Surface Antibody (HBsAb) *(within 12 months)*
- HEP B Total Core Anitbody (HBcAb) *(within 12 months)*

Submission of this form without the full Hep B, but with HBsAg at a minimum, constitutes a request for emergency admission.

PHONE: 1-866-475-7757 | FAX: 1-866-720-0766
ONLINE: ADMIT.DAVITA.COM

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