Western Access Center
Caring for People with Kidney Disorders

8410 Decatur Street, Suite 100, Westminster, CO 80031 (303) 426-4147 Fax (303) 487-5682 www.westneph.com

Western Nephrology Access Center Referral Form

Please fully complete the below information and fax to 303-487-5682.

Patient Name:	**Date Referral is made:**
Patient D.O.B:	**Procedure ordered:**
Patient Phone:	**Indication for procedure:** (Symptoms & assessment findings)
CODE Status:	**Access Location:**
Referring Practitioner:	**Qb 200 ml/min - Arterial Pressure:** **Qb 200 ml/min - Venous Pressure:**
Vascular Surgeon:	**Monthly KT/V or URR Last 3 Months:**
Insurance:	**Dialysis Center:**
	Days of Week for Dialysis: **Time of Dialysis:** **M/W/F or T/T/S** (circle one)

Allergies:	**Diabetic: Yes ☐ No ☐**
Is the patient allergic to IV Contrast Dye, Shellfish or Iodine: Yes ☐ No ☐ **Reaction that occurs:**	**Patient Pharmacy:** (Name & phone #)
Is the patient on the following Medication: **Coumadin: Yes ☐ No ☐** **(Warfarin) Reason for taking:** **Eliquis: Yes ☐ No ☐** **(Apixaban)** **Pradaxa: Yes ☐ No ☐** **(Dabigatran)** **Xarelto Yes ☐ No ☐** **(Rivaroxaban)** ***Please attach most recent labs and PT/INR if the patient is on Coumadin*** **Plavix: Yes ☐ No ☐** **Aspirin: Yes ☐ No ☐** **Effient: Yes ☐ No ☐**	**Please send:** • **Current Medication List** ☐ • **History & Physical** ☐ **Additional information for the Access Center:**

Thank you for your referral to the Western Access Center.

Please contact us via telephone (303) 426-4147 should you have any questions, concerns, or if the patient requires immediate intervention.

Revision Date: November 2016