



# PATIENT ADMISSIONS CHECKLIST

Admissions Phone: 1 (844) 466-3436 | Email: [Admissions@dccdialysis.com](mailto:Admissions@dccdialysis.com)

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Stephanie Direct Phone: (708) 645-1000 Ext. 7249

Admissions Type:  New Patient if check please specify:  ESRD or  AKI  Transfer-in Patient  Traveling Patient

Modality Requesting:  PD  Home Hemo  In-Center Hemo DCC/ HDS Location Requesting: \_\_\_\_\_

**FULL COMPLETION OF ALL THE BELOW INFORMATION IS REQUIRED PRIOR TO ACCEPTANCE**

Sending records is **NOT** a confirmation of acceptance to our program.  
You will receive a phone call along with a welcome letter with the patient instructions.  
Please DO NO discharge this patient home prior to receiving the confirmation.  
\*\*\*Start date will be provided once all the above documents are received\*\*\*

Today's Date (MM/DD/YYYY): \_\_\_\_\_ Patient Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Estimated Discharge Date (MM/DD/YYYY): \_\_\_\_\_ Hospital/ Facility Requesting Admissions: \_\_\_\_\_

Date of Patient's First Dialysis Treatment (MM/DD/YYYY): \_\_\_\_\_

Discharge Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- FACE SHEET** (with demographics and insurance information)
- Copy of Insurance Card (Front and Back)
- History & Physical  Height: \_\_\_\_\_  Weight: \_\_\_\_\_
- Recent Dialysis Orders or Last 3 Treatment Sheets  Last 3 dialysis flow sheets (**In-Center Hemo**)  2728 Form (**Transfer-in**)
- All Current Labs (within 30 days) including:  Hep C  CBC  BMP  Creatinine
- HEP Panel including:  Hep B Antigen (HBsAG)  Hep B Surface Antibody  Hep B Total Core Antibody
- TB skin test (within the last 30 days) or chest X-Ray (within 90 Days)
- Current medication list with allergies

Is the patient ambulatory?  Yes  No Does this patient have a tracheostomy?  Yes  No

Is the patient using a LifeVest or LVAD?  Yes  No Patient Access Type?  CVC  Fistula  Graft  PD Catheter

Is this patient being discharged to a nursing home?  Yes  No If yes, where? \_\_\_\_\_

How will this patient get to the dialysis clinic? \_\_\_\_\_

Was this patient being seen at another dialysis clinic?  Yes  No If yes, where? \_\_\_\_\_