

TMA | **Vascular
Access
Center**

**1597 Washington Pike, Unit A-14
Bridgeville, PA 15017
412-276-9030 PH
412-276-9033 FAX**

Referral Form Today's Date _____

Patient Name _____
Address below is: Patient's Actual Home Patient's Nursing Home (*select patient's physical address*)
Street Address _____
City _____ **State** _____ **Zip Code** _____
Telephone (*Patient/Nursing Home*) _____ **Last Dialysis Treatment** _____

Access Type: AV Graft / AV Fistula **Surgeon & Date of Creation** _____
Location: Right Left Forearm Upper Arm Chest Thigh
Desired Procedure: Declot Fistulogram/Graftogram Venogram Other _____

INDICATION { Clotted Access Steal Syndrome Maturing Evaluation
 Infiltration High Venous Pressures Decrease of Access Flow
 Prolonged Bleeding Difficult Cannulation Need for Peripheral Access
 Decreased KT/V Swollen Extremity Aneurysm
 Hyperpulsatile Pain High Pitched Sounds on AVF
 Recurrent Stenosis Decreased URR

Last 2 Access Flows with dates: _____ **&** _____ **BFR** _____ **AP** - _____ **VP** _____ **Needle** _____

Catheter Procedure
Site: Tunneled Non-Tunneled Right Left Chest Groin
Date of Insertion: _____ **Surgeon/Interventional Radiologist** _____
Desired Procedure: Insertion Catheter Change Removal
INDICATION { Clotted Catheter Poor Function Infection
 Broken Catheter No Longer Required Other _____
 Exchange Temporary Catheter to Permanent Catheter

Clinical Information
X-Ray Contrast Allergy? Yes No If YES, Reaction? _____
Diabetic? Yes No
Coumadin/Eliquis/Other Lytics? Yes No If YES, medication? _____
Competent to Sign Consent? Yes No If NO, Whom? _____ Phone _____
History of MRSA/MDRO/C-DIFF? Yes No If YES, when? _____
Covid-19 Vaccination Type/Dates _____
Medication Allergies _____

Dialysis Center _____ Phone _____ Fax _____
 Referring MD _____ Form completed by _____
Post-Procedure Destination: Home Dialysis Clinic Other _____

Fax the following:
 Facesheet/ Insurance Info
 Co-Morbid, Lab Results and Med list

Dialysis Schedule: **No treatment in last 5 days? STAT K+**
 M/W/F T/Th/Sat
 1 2 3 1 2 3 **If the patient is on Coumadin: STAT INR the day prior to procedure**