Patient Referral Form (IPN)

CLINIC INFORMATION

Referral Date: _____ Facility Name: _____

Address: _____

Street City State Zip

Contact Person in Unit:_____ Phone: _____

Contact Person E-mail Address: _____ Fax: _____

Physician Name: _____ Phone: _____ NPI#_____

PATIENT INFORMATION:

Patient Name: _____ Phone: _____

Address: _____

Street City State Zip

Date of Birth _____ S.S. #_____ ☐Male ☐Female

Height _____ Weight_____ Serum Albumin (3 month average) _____

Estimated protein needs _____Gm/Day Estimated protein intake _____Gm/Day

Has patient experienced weight loss over the past three (3) months? ☐YES, % lost _____ ☐NO

Drug Allergies_____

Does the pt have Diabetes? ☐YES ☐ NO Insulin dependent? ☐ YES ☐ NO

Is there a GI impairment or Malabsorption? ☐YES ☐NO If (YES) provide documentation

Is there a history of peritonitis? ☐YES ☐NO

Has there been an attempt at oral supplementation? ☐ YES ☐ NO If (YES) provide documentation

PLEASE CHOOSE BAG PARAMETERS FOR IPN TO REPLACE				
BAXTER	Bag Type	☐ Ambuflex (☐ Luer ☐ Spike)	☐ Ultrabag	
	Base Solution	☐ Dianeal (Low Ca++)	☐ Dianeal PD-2 (Standard Ca++)	
FRESENIUS	Bag Type	☐ Delflex ☐ Stay Safe	☐ Premier	
	Base Solution	☐ Low Ca++/ Low Mg+	☐ Standard Ca++/ Low Mg+	
FILL VOLUME: ☐1000 ☐1500 ☐2000 ☐2500 ☐ 3000		Dextrose % ☐1.5% ☐2.5% ☐4.25%	Dwell Time _____	
MODE OF INFUSION ☐ CAPD ☐ CYCLER		USE IPN AS LAST FILL? ☐ YES ☐ NO		

INSURANCE INFORMATION :

☐ Medicare ID#_____ ☐Medicaid/Medi-Cal ID#_____

☐ HMO/ Other Coverage _____

ID#:_____ Group Number _____

Customer Service Number: _____

PLEASE PROVIDE THE FOLLOWING:

☐ Current PD prescription (Please include % dialysis solution and if pt is manual or cycler)
☐ Current H&P
☐ Last three (3) months of lab results
☐ Patient demographic sheet ***(Include copies of insurance cards)***
☐ Documentation of attempt at oral supplementation, enteral trials and outcomes, and nutritional assessment
☐ Documentation of GI impairment or malabsorption condition **(if applicable)**
☐ Medication profile

Accredited by The Joint Commission
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