

# CentraCare Dialysis Records Request

Today's Date \_\_\_\_\_

CentraCare Dialysis, CentraCare Health System, 1406 Sixth Avenue North, St. Cloud, MN 56303

Please fax or mail the following information on \_\_\_\_\_

Fax to Angie Wolf: 320-656-7172      Contact phone number: 320-251-2700, ext. 23248

## Transient

- \_\_\_\_\_ Address and Phone (vacation)
- \_\_\_\_\_ Address and Phone (permanent)
- \_\_\_\_\_ Allergies
- \_\_\_\_\_ CentraCare Corporate Compliance (HIPAA)
- \_\_\_\_\_ Code Status
- \_\_\_\_\_ Flow sheets (run sheets) last three
- \_\_\_\_\_ H + P
- \_\_\_\_\_ Height
- \_\_\_\_\_ Hepatitis B Antigen within last month and/or  
Antibodies within last six months. Hepatitis C  
status (if available)
- \_\_\_\_\_ Insurance information
- \_\_\_\_\_ Lab values (monthly panel)
- \_\_\_\_\_ Long Term Care Plan
- \_\_\_\_\_ Medication list
- \_\_\_\_\_ Reason for ESRD
- \_\_\_\_\_ 2728 Network Form

**Visitor/Transient treatments may be requested at specific sites with the understanding that the location site may need to be altered.**

**Unit: KDA** (Alexandria)    **KDM** (Big Lake)    **KDB** (Brainerd)    **KDC** (Cambridge)    **KDF** (Litchfield)  
**KDL** (Little Falls)    **KDP** (Princeton)    **KDU** (St.Cloud)    **KDS** (Staples)

Requested Dates \_\_\_\_\_

Access Type *(unable to accept a patient with a LifeSite Access)* \_\_\_\_\_

Hep B & C Status \_\_\_\_\_ Duration \_\_\_\_\_

Patient Home Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Visiting Phone Number \_\_\_\_\_