



# THE ACCESS CENTER

Dialysis Access Creation & Maintenance

Phone: 1-888-FISTULA

Fax: 901-730-8974

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SEX: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		SOCIAL SECURITY NUMBER (OR LAST 4 DIGITS)	
STREET ADDRESS		CITY	STATE ZIP
PRIMARY PHONE NUMBER		SECOND PHONE NUMBER	
EMAIL ADDRESS			
KIDNEY DOCTOR		PRIMARY CARE DOCTOR	
EMPLOYER		OCCUPATION	WORK PHONE
EMERGENCY CONTACT 1, NAME & PHONE NUMBER			
EMERGENCY CONTACT #2 NAME & NUMBER			
RESPONSIBLE PARTY PATIENT <input type="checkbox"/> OTHER <input type="checkbox"/>		RELATION TO PATIENT SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/>	
RESPONSIBLE PARTY NAME		RESPONSIBLE PARTY BIRTHDATE	
RESPONSIBLE PARTY STREET ADDRESS		CITY	STATE ZIP
PRIMARY INSURANCE		POLICY NUMBER	GROUP NUMBER
SUBSCRIBER NAME		SUBSCRIBER BIRTHDATE	
SECONDARY INSURANCE		POLICY NUMBER	GROUP NUMBER
SUBSCRIBER NAME		SUBSCRIBER BIRTHDATE	

Ph: 1-888-FISTULA • Fax: 901-370-8974

1355 W Brierbrook Rd, Germantown, TN 38138  
1750 Madison Ave, Ste 302, Memphis, TN 38104  
8081 Hwy 51 North, Millington, TN 38053  
312 S Rhodes St, West Memphis AR 72301

1111 N Washington St, Forrest City, AR 72335  
403 Getwell Dr, Senatobia, MS38668  
2704 W Oxford Loop, Ste 110, Oxford, MS 38655  
1300 Sunset Drive, Ste P, Grenada, MS 38901



# THE ACCESS CENTER

Dialysis Access Creation & Maintenance

Phone: 1-888-FISTULA

Fax: 901-730-8974

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HEIGHT	WEIGHT	ARE YOU ON DIALYSIS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HOW LONG HAVE YOU BEEN ON DIALYSIS?			
NAME OF YOUR DIALYSIS CLINIC?		DIALYSIS CLINIC PHONE NUMBER	
WHAY DAYS DO YOU DIALYZE?		WHAT TIME TO YOU DIALYZE?	
HOW DO YOU DIALYZE? CATHETER <input type="checkbox"/> AV FISTULA <input type="checkbox"/> AV GRAFT <input type="checkbox"/> ARM / LEG LEFT /RIGHT			
DO YOU HAVE RELIABLE TRANSPORTATION? PRIVATE CAR <input type="checkbox"/> MEDICAL TRANSPORT <input type="checkbox"/>			
DO YOU SMOKE? YES <input type="checkbox"/> NO <input type="checkbox"/>	PACKS PER DAY?	WHEN DID YOU QUIT SMOKING?	
CIGARETTES <input type="checkbox"/>	PIPE <input type="checkbox"/>	MARIJUANA <input type="checkbox"/>	
ALCOHOL USE YES <input type="checkbox"/> NO <input type="checkbox"/> BEER <input type="checkbox"/> LIQUOR <input type="checkbox"/> WINE <input type="checkbox"/> HOW MUCH/OFTEN?			
STREET DRUG USE YES <input type="checkbox"/> NO <input type="checkbox"/> COCAINE <input type="checkbox"/> METH <input type="checkbox"/> OTHER <input type="checkbox"/>			
ARE YOU AGREEABLE TO RECEIVE BLOOD TRANSFUSION IF MEDICALLY NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
FAMILY HISTORY (MOTHER, FATHER, BROTHER, SISTER) HEART DISEASE <input type="checkbox"/> STROKE <input type="checkbox"/> ANEURYSM <input type="checkbox"/> DIABETES <input type="checkbox"/> CANCER <input type="checkbox"/>			

Ph: 1-888-FISTULA • Fax: 901-370-8974

1355 W Brierbrook Rd, Germantown, TN 38138  
1750 Madison Ave, Ste 302, Memphis, TN 38104  
8081 Hwy 51 North, Millington, TN 38053  
312 S Rhodes St, West Memphis AR 72301

1111 N Washington St, Forrest City, AR 72335  
403 Getwell Dr, Senatobia, MS38668  
2704 W Oxford Loop, Ste 110, Oxford, MS 38655  
1300 Sunset Drive, Ste P, Grenada, MS 38901







# THE ACCESS CENTER

Dialysis Access Creation & Maintenance

Phone: 1-888-FISTULA

Fax: 901-730-8974

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

## Past Medical and Surgery History

DATES	PREVIOUS SURGERIES / PROCEDURES / STENTS

Anything else you want to tell us about you...

Ph: 1-888-FISTULA • Fax: 901-370-8974

1355 W Brierbrook Rd, Germantown, TN 38138  
1750 Madison Ave, Ste 302, Memphis, TN 38104  
8081 Hwy 51 North, Millington, TN 38053  
312 S Rhodes St, West Memphis AR 72301

1111 N Washington St, Forrest City, AR 72335  
403 Getwell Dr, Senatobia, MS38668  
2704 W Oxford Loop, Ste 110, Oxford, MS 38655  
1300 Sunset Drive, Ste P, Grenada, MS 38901