

Admissions Intake Form

To facilitate timely placement, please submit this intake form in full.

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Admission Type: New Admission Resume (*within 30 days*) Readmission (*post 30 days*) Transfer-in Non-DaVita

About You

Your Name: _____ Contact Phone: _____
Your Title: _____ Contact Fax: _____
Hospital/Practice: _____ Contact Email: _____

Mark Preferred
Contact Method

COVID-19 Screening

Has the patient tested positive for COVID-19 within the last 10 days? Yes No

Patient Information

Patient Name: _____
Nephrologist: _____ Special Needs: _____

Does the patient:	Yes	No	Documents Attached	Page#	Access Type	Diagnosis
Currently have a trach?				_____	CVC	ESRD
Have a history of trach?				_____	Fistula	AKI
Require treatment in a bed?				_____	Other: _____	

Does the patient currently have any reportable communicable diseases?
Please select: Candida Auris CRE None

First Date of Dialysis Ever: _____
In-center Hemo Home Hemo PD

Patient Scheduling

Anticipated Discharge Date: _____
Preferred Facility(s) or Zip Code: _____
Treatment Frequency: _____ Duration: _____

Is the patient interested in home dialysis? Yes No Not Yet Discussed

Schedule Preference:
MWF a.m.
TTS p.m.

Is the patient: Yes No
Flexible with facility?
Flexible with shift?
Employed?
Able to sign consents?

Attached Clinical Documents

Face Sheet (*with insurance and demographics*)
PPD or Chest X-Ray (*with 90 days*) PPD Preferred
History and Physical (*within 30 days*)
List of current medications and known allergies

Hepatitis (Hep) B Panel
- HEP B Surface Antigen (HBsAg) (*within 30 days*)
- HEP B Surface Antibody (HBsAb) (*within 12 months*)
- HEP B Total Core Antibody (HBcAb) (*within 12 months*)
Submission of this form without the full Hep B, but with HBsAg at a minimum, constitutes a request for emergency admission.

PHONE: 1-866-475-7757 | FAX: 1-866-720-0766
ONLINE: [ADMIT.DAVITA.COM](https://admit.davita.com)

