



**THE ROGOSIN INSTITUTE**  
Centers For Medical Research And Health Care

**Transient /Transfer Dialysis Patient  
Form #1**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street & Apt. #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Modality: \_\_\_\_\_ In-Center Hemo: \_\_\_\_\_ Home Training: \_\_\_\_\_ Peritoneal: \_\_\_\_\_

Referring Unit: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**REQUESTED INFORMATION**

**ATTACHED**

Patient Demographic/ID Sheet- emergency contact information \_\_\_\_\_  
Copy of insurance cards- front and back \_\_\_\_\_  
HCFA 2728 – Medical Evidence Report \_\_\_\_\_  
MSP Questionnaire \_\_\_\_\_

Three most recent dialysis treatment sheets \_\_\_\_\_  
Dialysis Orders \_\_\_\_\_  
History & Physical- including medical diagnoses \_\_\_\_\_  
Dietary, Nursing and Psycho-Social Assessments \_\_\_\_\_  
Psychiatric History-to include diagnosis \_\_\_\_\_  
Long-term care plan \_\_\_\_\_

Medication Record- including allergies \_\_\_\_\_  
Lab report- current and prior month (Hgb & URR) \_\_\_\_\_  
Hepatitis B Antigen within 30 days \_\_\_\_\_  
EKG \_\_\_\_\_  
PPD/Chest X-Ray (within past year) \_\_\_\_\_  
PC Placement X-Ray \_\_\_\_\_

Patient's height (cm) \_\_\_\_\_

**COMMENTS/SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax back to social worker at appropriate dialysis center:**

Manhattan Dialysis Center: 212-746-8439  
Queens Dialysis Center: 718-457-3280  
Brooklyn Dialysis Center: 718-780-7252