



Universal*Home Therapy*
Universal Dialysis, LLC

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ADMISSIONS CHECKLIST

The information below must be received prior to approval of admission. The following information is needed to process your requested admission.

Patient Name: _____

Expected Start Date: _____

Current Location: _____

Required Information Prior to Admission:

- ___ Patient Summary of Information (Allergies included)
- ___ Copy of Insurance Cards (front & back)
- ___ Copy of Drivers License
- ___ Current H&P by nephrologist
- ___ Copy of HCFA 2728 (if available)
- ___ Hospital Records (if currently inpatient)
- ___ Recent Flowsheets x3
- ___ Current Medication List
- ___ Lab Work (most recent)
- ___ Chest Xray/EKG (if applicable)
- ___ Vaccinations, TB Skin Test (within 90 days)
- ___ HepB Panel (HepB Core Total, HBsAg, and HBsAb) obtained within last 30 days
- ___ Vascular Access History