New Patient Questionnaire

What is the cause of your kidney failure? _____

What are your dialysis days? ☐ MWF ☐ TTS Other: _____

What time do you normally go to dialysis? ____:____ AM/PM

Are you having any problems on dialysis? _____

When was your last dialysis? ___/___/___

What type of Access do you have? ☐ Fistula ☐ Graft ☐ Catheter ☐ Unknown

When was this access created? _____ ☐ Unknown

Who was the Surgeon that created your access? _____ ☐ Unknown

At what hospital was your access placed? _____ ☐ Unknown

Have there been any revisions to your access by the surgeon since it was created?

☐ Yes ☐ No ☐ Unknown

Have you been hospitalized within the last 12 months? ☐ Yes ☐ No

If yes, reason: _____ and date: ___/___/___ to ___/___/___

Have you recently had a ☐ fever, ☐ nausea, ☐ vomiting, or ☐ diarrhea. None ☐

Are you **currently** experiencing any shortness of breath? ☐ Yes ☐ No

Are you **currently** experiencing any chest pain? ☐ Yes ☐ No

Do you have a pacemaker? ☐ Yes ☐ No Do you have dentures/partials? ☐ Yes ☐ No

What is your height? _____ What is your weight? _____

Do you smoke? ☐ Yes ☐ No If yes, what? _____ How many per day? _____

If you are a former smoker, when did you quit? ___/___/___

Do you drink alcohol? If yes, what? _____ How often?_____

Please list any medication allergies and your reaction. ☐ None

_____

_____

Do you have an allergy to IV contrast dye? ☐ Yes ☐ No ☐ Unknown

Vascular Action
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Please list any surgical history and dates. _____

_____

_____

Please list any medical history and dates. _____

_____

_____

Please list any significant family history. _____

_____

_____

Do you take any of the following medications?

Blood Thinners ☐	Prescribed Pain Medications ☐	Insulin ☐	Cimetidine (Tagamet) ☐
Heart Medications ☐	Antifungals ☐	Metformin ☐	Ranitidine (Zantac) ☐
Anti-Anxiety Medications ☐	Antibiotics ☐	Herbal Supplements ☐	None of these ☐

_____ ____/____/____

Patient's Signature Date

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revised 2/19/16