**Lafayette Vein and Vascular Center**

**Shoaib Shafique, MD & Kate Dell, DNP**

**3900 St. Francis Way Suite 201**

**Lafayette, IN 47905**

**Phone: 765-428-1610 Fax 765-428-1614**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dialysis: M/W/F or T/Th/S

Patients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_

Symptoms: Measurement:

|  |  |
| --- | --- |
| * Absent or diminished thrill
 | * Access flow rate: \_\_\_\_\_\_\_\_\_\_
 |
| * Difficulty cannulating
 | * Pump speed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Prolonged bleeding
 | * High or Low Venous pressure (circle one)
 |
| * Aspiration of clots
 | * High or Low Arterial pressure (circle one)
 |
| * Edema/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| * Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
|  |  |
|  |  |

**Referring New Patient for Access Creation**

* Vein Mapping and Consultation for Hemodialysis Access Creation w/ Vascular Surgeon

ICD 10 Diagnosis: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ordering Physician SIGNATURE : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**