SAN DIEGO FACILITY: 10672 WEXFORD STREET, SUITE 250, SAN DIEGO, CA 92131
CHULA VISTA FACILITY: 2060 OTAY LAKES ROAD, SUITE 120, CHULA VISTA, CA 91913
VISTA FACILITY: 1948 VIA CENTRE, VISTA, CA 92081

EDUCATION REQUEST

REFERRAL SOURCE: _____ **CONTACT NAME:** _____

PHYSICIAN: _____ **CONTACT NUMBER:** _____

PATIENT NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____ HOME CELL WORK

EMAIL: _____

LANGUAGE: ☐ ENGLISH ☐ SPANISH ☐ OTHER:_____

Is Patient in the Hospital? ☐ Yes ☐ No **Location:** _____

Time Until Dialysis:

☐ 1 Year or More
☐ 6 Months – 1 Year
☐ 3 Months – 6 Months
☐ Less Than 3 Months
☐ On Dialysis

Lab Values:

Creatinine: _____
Creatinine Clearance: _____
BUN: _____
Hgb: _____
Hct: _____

Please Check Type of Education Needed:

☐ Pre-ESRD Education with Treatment Options
☐ Treatment Options Only
☐ Peritoneal Dialysis Education Only
☐ Home Hemodialysis Education Only

Primary Cause(s) of ESRD:

☐ Diabetes
☐ Hypertension
☐ Glomerulonephritis
☐ Other:_____

Additional Comments: _____

_____

HDT STAFF USE ONLY:

Date Received: _____ **Appt Date/Time:** _____ **Location:** HCM HCV HNW IP

Who was present for education: _____ **RN:** _____

Topics Covers: ☐ Normal Kidney Function ☐ Uremia ☐ HD ☐ PD ☐ HHD ☐ NocICHD ☐ Transplant ☐ All of the above

Modality Preference: ☐ ICHD ☐ NOC ICHD ☐ HHD ☐ PD ☐ UNDECIDED

Candidate for Home Dialysis: ☐ Excellent ☐ Good ☐ Fair ☐ Do not recommend, reason:_____