RENAL CLINIC

PRE-CLINIC CHECKLIST

Patient______________________________________________

_____ lab results on chart
_____ other test results on chart

_____ health maintenance this visit

_____ flu vaccine  _____ pneumovax  _____ Hep B vaccine

_____ colorectal screening  _____ mammogram  _____ cervical screening

_____ prostate screening  _____ annual height measurement

_____ IV iron

_____ erythropoietin  _____ teach patient to administer

_____ draw blood today for______________________________________________

_____ diet consult

_____ social worker consult

_____ discuss dialysis modalities / transplant

_____ letter dictated to referring MD