

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