



Commonwealth healthcare Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



New Patient Intake Checklist

Patient Name: _____ DOB: _____

- Demographics
- Insurance Information
 - Copies of insurance cards (front & back)
 - 2728 Form
- Dialysis Orders
- Access Information
 - Type of Access, Date of placement & vascular surgeon
- Medication Record (Home and In-Center)
- Current History and Physical (within 1 year)
- Last 3 Flow Sheets
- Recent Monthly Labs
- Vaccination Records
- Hepatitis Status (within 30 days visit) including latest Hepatitis C Antibody Results
- PPD (within 30 days) or Chest X-ray (within 90 days)
- Recent Social Worker, Dietician & Nursing Assessment
 - Current Psychosocial Assessment, Comprehensive Interdisciplinary Patient Assessment, and Plan of Care
- Advance Directives