

Add Health Authority Logo

Add Name & Address of Vascular Access Clinic

Phone #: _____ Fax #: _____

Add Addressograph/Label

VASCULAR ACCESS CLINIC CONSULTATION FORM

This template may be used to write notes following a consultation and/or as a template for dictating a consultation report.

BP:

Heart Rate:

Height:

Weight:

Allergies:

Side:

☐ Left

☐ Right

Creation Date:

Access:

Revisions:

☐ Yes

☐ No

Date:

Fistulogram:

☐ Yes

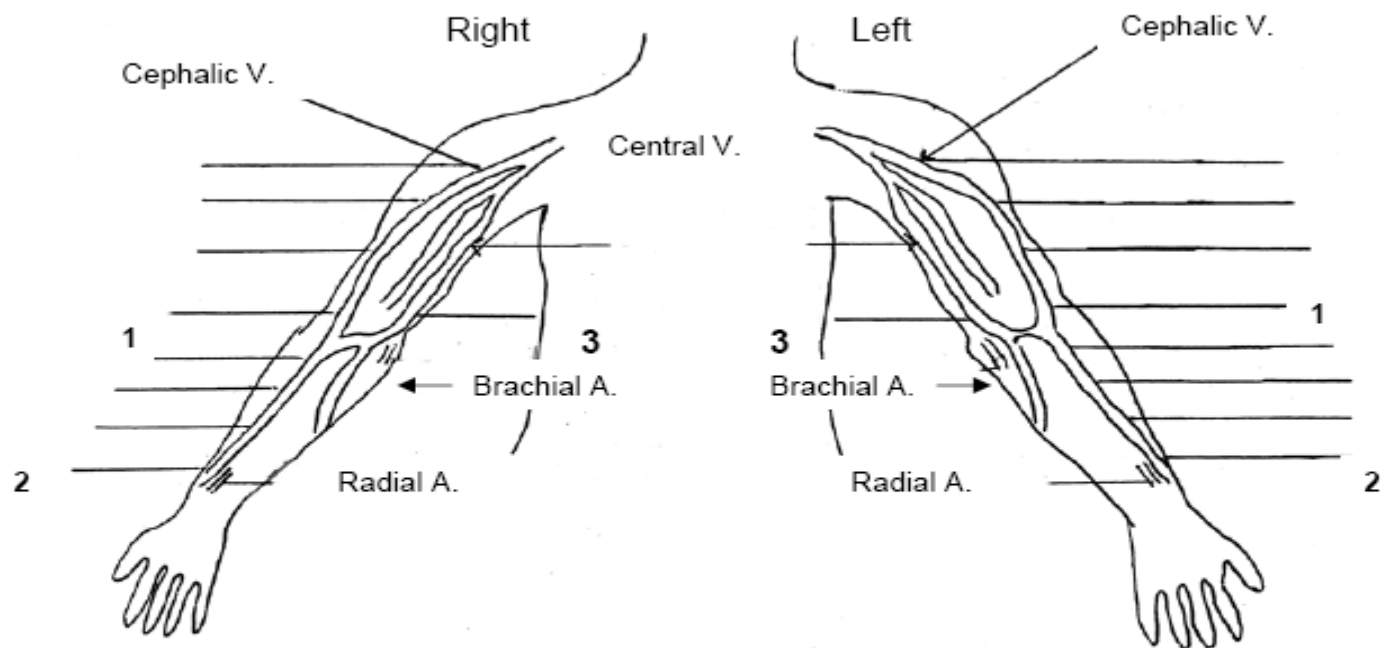
☐ No

Findings:

Status/Concerns:

Plan:

Vascular Access Mapping



COMMENTS: