



The End Stage Renal Disease Network of Texas, Inc.

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A Division of Alliant Health Solutions

This should be used for patients who consecutively miss treatments and/or all attempts to contact the patients have failed.

Patient Name:	
Patient DOB:	
Clinic Name (include Affiliation):	
Clinic Medicare Number:	

Actions Taken- Check all that Apply	Provide Dates for Each Selected
<input type="checkbox"/> Discussion with the patient that discontinuing treatment is an option, what it means, and that end-of-life care can be arranged for them. Ensure that patients understand that if they make the decision to stop treatment now, they can change their minds and return to dialysis at your center in the future.	Dates:
<input type="checkbox"/> Patient's nephrologist attempted to re-engage the patient in their care.	Dates:
<input type="checkbox"/> Certified Letters of Concern Sent (included target date that patient should contact the facility before being discharged, letter included hospice information). This information can be found on the ESRD website: http://www.esrdnetwork.org/professionals/social-worker-tools-resources	Dates:
<input type="checkbox"/> Police Sent to Patient's Last Known Residence for Welfare Check	Dates:
<input type="checkbox"/> Contacted Friends/Family (medical release of information provided by patient)	Dates:
<input type="checkbox"/> Contacted Hospitals Frequented by Patient	Dates:
<input type="checkbox"/> Other _____ _____	Dates: