

CROWNWeb Admit Patient Worksheet

Use the worksheet below to help you enter patient information required to admit a patient to your facility.

IF THIS REQUIRED FIELD IS POPULATED...	... THEN THIS FIELD BECOMES ACTIVE	INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION)
PATIENT INFORMATION		
Social Security Number		
Medicare Claim Number		
First Name		
Last Name		
Date of Birth		
Gender		
Admit Date <i>(date first dialyzed at this facility)</i>		
Admit Reason		<input type="checkbox"/> New ESRD Patient <input type="checkbox"/> Transfer In <input type="checkbox"/> Restart <input type="checkbox"/> Dialysis After Transplant Failed <input type="checkbox"/> Dialysis in Support of Transplant
Facility DBA Name		
Transient Status		<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD TREATMENT INFORMATION		
Primary Dialysis Setting		<input type="checkbox"/> Home <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> SNF/Long Term Care Facility
Dialysis Time Period <i>(required for CMS-2744)</i>		<input type="checkbox"/> Nocturnal <input type="checkbox"/> Daytime
Primary Type of Treatment		<input type="checkbox"/> Hemodialysis <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> Other
	<i>If Hemo, Sessions Per Week</i>	
	<i>If Hemo, Time Per Session</i>	<i>(in minutes)</i>
Attending Practitioner		

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IF THIS REQUIRED FIELD IS POPULATED...	... THEN THIS FIELD BECOMES ACTIVE	INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION)
KEY PATIENT INFO		
Ethnicity		<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Patient's Self Reporting of Race and Ethnicity <i>(required for "New to ESRD" patients)</i>		<input type="checkbox"/> Self-Reported by Patient <input type="checkbox"/> Reported by Family Member <input type="checkbox"/> Patient Chooses Not to Report <input type="checkbox"/> Not Self Reported
Race (check all that apply)		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native
	Name of Enrolled/Principal Tribe <i>(Required if "Race" = "American Indian or Alaska Native")</i>	
Country / Area of Origin <i>(Required if patient is "Hispanic or Latino" and/or "Native Hawaiian or Pacific Islander")</i>		
PATIENT CONTACT INFO		
Mailing Address <i>(required for CMS-2728)</i>	Street Address	
	Zip Code	
	City	
	State	
Physical Address (Same as Mailing Address)		<input checked="" type="checkbox"/> Check Don't Check
Physical Address (Same as Mailing Address) <i>(if <u>not</u> checked)</i>	Street Address	
	Zip Code	
	City	
	State	

IF THIS REQUIRED FIELD IS POPULATED...	... THEN THIS FIELD BECOMES ACTIVE	INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION)
MISC INFO		
<p>Citizenship <i>(required for CMS-2744 if Non US Citizen)</i></p>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Non US Citizen <input type="checkbox"/> Foreign national US Resident <input type="checkbox"/> US Resident	
<p>Current Employment Status <i>(required for CMS-2728 or if patient is age 18-54 as of 12/31)</i></p>	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired due to Age/Preference <input type="checkbox"/> Retired (Disability) <input type="checkbox"/> Medical Leave of Absence <input type="checkbox"/> Student	
<p>Current School Status <i>(Required if patient is age 18-54 as of 12/31)</i></p>	<input type="checkbox"/> School Full Time <input type="checkbox"/> School Part Time <input type="checkbox"/> Not in School	
<p>Current Vocational Rehabilitation Status <i>(required for CMS-2728 and CMS-2744 if patient is age 18-54 as of 12/31)</i></p>	<input type="checkbox"/> Referred to VR <input type="checkbox"/> Currently in VR <input type="checkbox"/> Completed VR <input type="checkbox"/> Not eligible for VR <input type="checkbox"/> Declines VR	