

CROWNWeb Initial 2728 Worksheet

Use the worksheet below to enter patient information required to enter an initial CMS-2728.

IF THIS REQUIRED FIELD IS POPULATED...	... THEN THIS FIELD BECOMES ACTIVE	INFORMATION TO ENTER INTO CROWNWEB (OR CHECK MENU SELECTION)
Is patient applying for ESRD Medicare coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Medical Coverage		<input type="checkbox"/> Medicaid <input type="checkbox"/> DVA <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Employer Group Health <input type="checkbox"/> Insurance <input type="checkbox"/> Other <input type="checkbox"/> None
Height		
Unit of measure		
Weight		
Unit of measure		
Primary cause of renal failure		
Employment Status (6 months prior and current status)		<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
Co-morbid conditions (check all that apply or "None")		<input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Atherosclerotic heart disease <input type="checkbox"/> Other cardiac disease <input type="checkbox"/> Cerebrovascular disease, CVA, TIA <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> History of hypertension <input type="checkbox"/> Amputation <input type="checkbox"/> Diabetes, currently on insulin <input type="checkbox"/> Diabetes, on oral medications

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Co-morbid conditions (cont.)		<input type="checkbox"/> Diabetes, without medications <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Chronis obstructive pulmonary disease <input type="checkbox"/> Tobacco use (current smoker) <input type="checkbox"/> Malignant neoplasm, Cancer <input type="checkbox"/> Toxic Nephropathy <input type="checkbox"/> Alcohol dependence <input type="checkbox"/> Drug dependence <input type="checkbox"/> Inability to ambulate <input type="checkbox"/> Inability to transfer <input type="checkbox"/> Needs assistance with daily activities <input type="checkbox"/> Institutionalized <input type="checkbox"/> Institutionalized – Assisted Living <input type="checkbox"/> Institutionalized – Nursing Home <input type="checkbox"/> Institutionalized – Other Institution <input type="checkbox"/> Non-renal congenital abnormality <input type="checkbox"/> None
Did patient receive EPO prior to dialysis?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If yes, how long?	<input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months
Was patient under the care of a nephrologist?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If yes, how long?	<input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months
Was patient under care of a kidney dietician?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If yes, how long?	<input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months

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What access was used on first outpatient dialysis?		<input type="checkbox"/> AVF <input type="checkbox"/> Graft <input type="checkbox"/> Catheter <input type="checkbox"/> Other
	If not AVF, is maturing AVF present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is maturing graft present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serum Creatinine (NN.N)		
	Date (Must be within 45 days prior to date regular dialysis began)	
Date regular chronic dialysis began (If patient dialyzed at a hospital prior to your facility, enter that date here.)		
Has patient been informed of kidney transplant options?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why not?	<input type="checkbox"/> Medically unfit <input type="checkbox"/> Unsuitable due to age <input type="checkbox"/> Psychologically unfit <input type="checkbox"/> Patient declines information <input type="checkbox"/> Patient has not been assessed <input type="checkbox"/> Other
Date attending physician signed		
Date patient signed		