DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0046

END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

A. COMPLETE FOR ALL ESRD PATIENTS

Check one: ☐ Initial ☐ Re-entitlement ☐ Supplemental

1. Name *(Last, First, Middle Initial)*

2. Medicare Claim Number	3. Social Security Number	4. Date of Birth MM DD YYYY
5. Patient Mailing Address *(Include City, State and Zip)*		6. Phone Number ( )

7. Sex	8. Ethnicity	9. Country/Area of Origin or Ancestry
☐ Male ☐ Female	☐ Not Hispanic or Latino ☐ Hispanic or Latino (Complete Item 9)	

10. Race *(Check all that apply)*
- ☐ White
- ☐ Black or African American
- ☐ American Indian/Alaska Native
  Print Name of Enrolled/Principal Tribe _____
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander*

*complete Item 9

11. Is patient applying for ESRD Medicare coverage?
☐ Yes ☐ No

12. Current Medical Coverage *(Check all that apply)*	13. Height	14. Dry Weight	15. Primary Cause of Renal Failure *(Use code from back of form)*
☐ Medicaid ☐ Medicare ☐ Employer Group Health Insurance ☐ DVA ☐ Medicare Advantage ☐ Other ☐ None	INCHES _____ OR CENTIMETERS _____	POUNDS _____ OR KILOGRAMS _____	

16. Employment Status *(6 mos prior and current status)*

Prior	Current	
☐	☐	Unemployed
☐	☐	Employed Full Time
☐	☐	Employed Part Time
☐	☐	Homemaker
☐	☐	Retired due to Age/Preference
☐	☐	Retired (Disability)
☐	☐	Medical Leave of Absence
☐	☐	Student

17. Co-Morbid Conditions *(Check all that apply currently and/or during last 10 years)* *See instructions
- a. ☐ Congestive heart failure
- b. ☐ Atherosclerotic heart disease ASHD
- c. ☐ Other cardiac disease
- d. ☐ Cerebrovascular disease, CVA, TIA*
- e. ☐ Peripheral vascular disease*
- f. ☐ History of hypertension
- g. ☐ Amputation
- h. ☐ Diabetes, currently on insulin
- i. ☐ Diabetes, on oral medications
- j. ☐ Diabetes, without medications
- k. ☐ Diabetic retinopathy
- l. ☐ Chronic obstructive pulmonary disease
- m. ☐ Tobacco use (current smoker)
- n. ☐ Malignant neoplasm, Cancer
- o. ☐ Toxic nephropathy
- p. ☐ Alcohol dependence
- q. ☐ Drug dependence*
- r. ☐ Inability to ambulate
- s. ☐ Inability to transfer
- t. ☐ Needs assistance with daily activities
- u. ☐ Institutionalized
  - ☐ 1. Assisted Living
  - ☐ 2. Nursing Home
  - ☐ 3. Other Institution
- v. ☐ Non-renal congenital abnormality
- w. ☐ None

18. Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
b. Was patient under care of a nephrologist?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
c. Was patient under care of kidney dietitian?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
d. What access was used on first outpatient dialysis:	☐ AVF	☐ Graft	☐ Catheter	☐ Other		
If not AVF, then: Is maturing AVF present?	☐ Yes	☐ No				
Is maturing graft present?	☐ Yes	☐ No				

19. Laboratory Values Within **45** Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode).

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)	___.___		d. HbA1c	___.___%	
a.2. Serum Albumin Lower Limit	___.___		e. Lipid Profile TC	___	
a.3. Lab Method Used (BCG or BCP)			LDL	___	
b. Serum Creatinine (mg/dl)	___.___		HDL	___	
c. Hemoglobin (g/dl)	___.___		TG	___	

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT

20. Name of Dialysis Facility	21. Medicare Provider Number *(for item 20)*
22. Primary Dialysis Setting ☐ Home ☐ Dialysis Facility/Center ☐ SNF/Long Term Care Facility	23. Primary Type of Dialysis ☐ Hemodialysis (Sessions per week____/hours per session____) ☐ CAPD ☐ CCPD ☐ Other
24. Date Regular Chronic Dialysis Began MM DD YYYY	25. Date Patient Started Chronic Dialysis at Current Facility MM DD YYYY
26. Has patient been informed of kidney transplant options? ☐ Yes ☐ No	27. If patient NOT informed of transplant options, please check all that apply: ☐ Medically unfit ☐ Patient declines information ☐ Unsuitable due to age ☐ Patient has not been assessed ☐ Psychologically unfit ☐ Other