

F203

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Baseline Pre-Operative Physical Exam Form (Form # 203)

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1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date of Exam: mm/dd/yyyy VISIT_DT

5. Is the patient currently on dialysis? (0=no, 1=yes).....DIAL_STATUS

6. Height (cm)HT_CM

7. Weight (kg) WT_KG

200. Date this form completed (mm/dd/yyyy) COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

<p>Clinical Center Use Only</p> <p>Date Form Entered (mm/dd/yyyy) ENTER_DT</p> <p>Username of person entering this form ENTER_USER</p>
