## IVIG Intake Form (SCIG)



Demographi	c Informatio	n							
Last Name:		First Name:			SS#:				
Home Address:			City:		State:	Zip:			
DOB:	Height:	Weight:	Allergies:	I					
Phone (H):		Phone (C):			Phone (W):				
Emergency Contac	ct:		Patient's Gen	nder:	Male	Female			
Phone (H):		Phone (C)	·	Phone	e (W)				
Insurance Information									
Primary Insurance:	:		Subscriber Name:						
Policy #:		Group #:		PCN:					
RX BIN:		Insurance Phone:							
Secondary Insurance:			Subscriber Name:						
Policy #:		Group #:		PCN:					
RX BIN:		Insurance Phone:							
Medical Nec	essity Assess	ment							
Primary Diagnosis	:								
ICD-9 Code:									
Secondary Diagno	sis:								
Use of Previous So	CIG Product:		1						
IgA Level & Date:	:		IgG Level & Date:						
Hct & Date:			Platelets Count & Date:						
Additional History	7:								
Additional N	<b>Iedical Histo</b>	ry							
History of: R	enal Insufficiency	Diabetes	HTN 🗌 CHF	🗌 Th	nromboembolic ev	ent			
Physician In	formation								
MD:		License:		NPI:					
Hospital/Clinic:		•		Phone	e:				
Fax:		Address:							
Office Contact:			Medicaid #:						

**Referral Phone:** 787-704-2025 **Referral Fax:** 787-704-2027

			Date of Difti.	
IVIG to SCIC	G Conversion Wo	orksheet	Anticipated Start	Date:
Hizentra (20%) (200mg	/mL)			
Weekly Hizentra SCIG	; 10 (2g); 20mL (4g) * <i>round a</i> dose (g) = IVIG dose (g) x 1.53 izentra / 0.20mL =ml p	/ IVIG weekly in		
Gamunex-C (10%) (100	0mg/mL)	OR	<b>Gammagard Liquid</b> (10%) (100	mg/mL)
Weekly SCIG dose (g) =	g); 25mL (2.5g); 50mL (5g) *rc IVIG dose (g) x 1.37 / IVIG w amunex-C / 0.10mL =n	veekly interval ori		
Prescription				
Total weekly dose	gı	rams (	total mL)	- 1
			(pr	oduct)
	equal doses over			
To be infused simu	taneously into 1-2-3-4-5	subcu	taneous sites using pump over	hours
Dispen	se in combination of sing	sie-use viui sizo	es lo equal lotal mi preser loea jo	etterr trobe
Treatment Se	ttings	ice 🗌 Hom	ne	
Treatment Se	ttings etting: Physician Offi Began treatme	ice Hom ent in clinical set Ity Pharmacy to		
Treatment Se	ttings etting: Physician Offi Began treatme Do you want the Special of the patient?	ice Hom ent in clinical set Ity Pharmacy to Yes No sit to: train patien state/therapy, an	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status.	
Treatment Se	ttings etting: Physician Offi Began treatme Do you want the Special of the patient? N Skilled nursing vis related to disease s ( <i>Typically 3 training vi</i>	ice Hom ent in clinical set Ity Pharmacy to Yes No sit to: train patien state/therapy, an <i>isits required 2-4 hor</i> e SP to contact y	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac	provide education
Treatment Se	ttings   etting: Physician Offi   Began treatme   Do you want the Special   of the patient? Y   Skilled nursing vis   related to disease s   ( <i>Typically 3 training vi</i> )   Would you like the   status of this SCIO	ice Hom ent in clinical set Ity Pharmacy to Yes No Sit to: train patien state/therapy, an <i>isits required 2-4 hom</i> e SP to contact y G patient?	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac Yes $\square$ No ges, needles, ancillary supplies and p	provide education by progress reports on the
Treatment Se Initial Treatment Se Patient Training:	ttings   etting: Physician Offi   Began treatme   Do you want the Special   of the patient? Y   Skilled nursing vis   related to disease s   ( <i>Typically 3 training vi</i> )   Would you like the   status of this SCIO   Specialty Pharmacy to p   required for the safe and	ice Hom ent in clinical set Ity Pharmacy to Yes No Sit to: train patien state/therapy, an <i>isits required 2-4 hom</i> e SP to contact y G patient?	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac Yes $\square$ No ges, needles, ancillary supplies and p	provide education by progress reports on the
Treatment Se Initial Treatment Se Patient Training: Supplies: Ancillary Me	ttings   etting: Physician Offi   Began treatme   Do you want the Special   of the patient? N   Skilled nursing vis   related to disease s   ( <i>Typically 3 training vi</i> )   Would you like the   status of this SCIO   Specialty Pharmacy to p   required for the safe and   dications	ice Hom ent in clinical set Ity Pharmacy to Yes No sit to: train patien state/therapy, an <i>isits required 2-4 hor</i> e SP to contact y G patient? rovide all syring appropriate adr	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac Yes $\square$ No ges, needles, ancillary supplies and p	provide education by progress reports on the
Treatment Se Initial Treatment Se Patient Training: Supplies: Ancillary Me	ttings   etting: Physician Offi   Began treatme   Do you want the Special   of the patient? Y   Skilled nursing vis   related to disease s   ( <i>Typically 3 training vi</i> )   Would you like the   status of this SCIC   Specialty Pharmacy to p   required for the safe and   dications   to provide the following	ice Hom ent in clinical set Ity Pharmacy to Yes No sit to: train patien state/therapy, an isits required 2-4 how e SP to contact y G patient? How provide all syring appropriate adr	ne tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac Yes \[No] ges, needles, ancillary supplies and p ministration of SCIG.	provide education by progress reports on the
Treatment Sec Initial Treatment Sec Patient Training: Supplies: Ancillary Me Specialty Pharmacy	ttings   etting: Physician Offi   Began treatme   Do you want the Special   of the patient? Y   Skilled nursing vis   related to disease s   ( <i>Typically 3 training vi</i> )   Would you like the   status of this SCIO   Specialty Pharmacy to p   required for the safe and   dications   to provide the following   Epinephrine 1:100	ice Hom ent in clinical set Ity Pharmacy to Yes No sit to: train patien state/therapy, an <i>isits required 2-4 hor</i> e SP to contact y G patient? G orovide all syring appropriate adr g, including tra 00,0.3mL, 0.31	he tting - transition to home coordinate infusion nurse training nt/caregiver in SCIG administration, nd assess general status. <i>urs in length each</i> ). you regarding nursing notes/pharmac Yes \[No] ges, needles, ancillary supplies and p ministration of SCIG.	provide education by progress reports on the

Physician Signature:

Date:

## **Referral Phone: 787-704-2025** 787-704-2027 **Referral Fax:**

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