



Date request:

Dienst Nefrologie

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Dr. J. Peeters
Medisch diensthoofd

Stafleden

Dr. L. Hendrickx
Dr. E. Macken
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Dr. A. Van Mieghem
Prof. Dr. L. Heylen
Prof. Dr. B. Sprangers

HOLIDAY DIALYSIS REQUEST FORM

PERSONAL DATA

1. Personal information patient

Surname:

First name:

Date of birth:

Surname partner:

First name partner:

Home address:

Street + Nr. :

Postal code: Residence/City:

Country:

Telephone and/or mobile:

Mother language:

General practitioner:

Name doctor:

Residence/City:

Emergency contacts:

ICE 1:

Surname:

First Name:

Phone number(s):

ICE 2:

Surname:

First Name:

Phone number(s):

2. National health or personal insurance data

Insurance holder:

Surname:

First name:.....

Registration/insurance number:.....

Insurance company:

Name:

Telephone:

E-mail:

3. Dialysis center

Dialysis center or hospital:

Postal code: City:

Country:

Telephone:

E-mail:

Nephrologist :

Current dialysis schedule:

Monday/Wednesday/Friday a.m.

p.m

evening

Tuesday/Thursday/Saturday a.m.

p.m

evening

4. Holiday information

Holiday address in Belgium:

Nr & Street:

Postal code: City:

Telephone:

E-mail:

Start date holiday dialysis: / /

End date holiday dialysis: / /

Desired dialysis schedule during holiday:

- | | |
|---|---|
| <input type="radio"/> Monday/Wednesday/Friday | <input type="radio"/> Morning |
| | <input type="radio"/> Afternoon |
| | <input type="radio"/> Evening (17h00 – 21h00) |
| <input type="radio"/> Tuesday/Thursday/Saturday | <input type="radio"/> Morning |
| | <input type="radio"/> Afternoon |
| | (no evening dialysis possible) |

5. Transport

- With own car
- By taxi

MEDICAL INFORMATION & DIALYSIS DATA

1. Renal diagnosis & relevant medical history/comorbidity:

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2. Date first dialysis:

3. Allergies:

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4. Recent problems during dialysis:

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11. Dialysis parameters:

- Dry weight: kg

- Interdialytic weight gain: kg

- Maximum UF (rate) L or L/hour

- Average blood pressure:

 start of dialysis: mmHg

 end of dialysis: mmHg

- UF profiling:

- Sodium profiling:

- Arterial pump speed: ml/min

- Venous pump speed: ml/min

12. Vascular access:

- AV fistula:

 Type: Place:
 metal needle catheter needle
 unipuncture bipuncture

- Dialysis catheter:

 Type: Place:
 Single lumen Double lumen

- Heparin lock: art. ven.

13. Medication during dialysis:

- Anticoagulation (we use IV enoxaparin = Clexane)

Type:

Dose & frequency :

- ESA/EPO (we use IV Aranesp = darbepoietin 40 µg)

Type:

Dose & frequency:

- Iron preparation (we use IV Injectafer 100 mg)

Type:

Dose & frequency :

- Other medication:

Type:

Dose & frequency :

14. Home medication:

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15. Transplant candidate:

yes

no

Transplantcenter:

16. Lab results:

please attach a copy of recent results

17. ECG:

please attach a copy of recent ECG

18. Recent MRSA screening:

please attach a copy of recent results

19. Vaccinations:

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