

PERSONAL DATA

A. Personal information

Surname: First name:

Date of birth :

Partner's name : First name:

Home address :

Nr & Street :

Postal code : City:

Country :

Telephone and/or mobile:

Language :

B. National health or personal insurance data

Insurance holder:

Surname :

First name :

National health or insurance number:

Insurance company:

Name :

Telephone:

Fax :

C. Dialysis center

Dialysis center or hospital:

Postal code: City:

Country:

Telephone: Fax:

Nephrologist :

Current dialysis schedule: * mon/wed/fri a.m.

p.m.

* tue/thur/sat a.m.

p.m.

D. Holiday information

Holiday address in Belgium:

Nr & Street:

Postal code: City:

Telephone: Fax:

Start date holiday dialysis: / /

Stop date holiday dialysis: / /

Desired dialysis schedule during the holidays:

* mon/ wed/fri a.m.

p.m.

evening (17 - 21 p.m.)

* tue/thur/sat a.m.

p.m.

In case of emergency

° ICE 1:

Surname: First name:

Telephone and/or mobile:

° ICE 2:

Surname: First name:

Telephone and/or mobile:

E. Transport

with own car

by taxi

MEDICAL & DIALYSIS DATA

1. Renal diagnosis & relevant past medical history/comorbidity:

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2. Date first dialysis:

3. Allergies:

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4. Wound care:

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5. Recent problems during dialysis:

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6. Serology and microbiology

			Date analysis
● Hep B surface antigen	O negative	O positive
● Hep B surface antibodies	O negative	O positive
● Hep B core antibodies	O negative	O positive
● Hep C antibodies	O negative	O positive
● HIV antibodies	O negative	O positive
● MRSA screening	O negative	

7. Blood group : Rh factor:

Atypical antibodies:

8. Form of therapy: hemodialysis hemodiafiltration

9. Dialysis frequency + duration: x hours

10. Membrane type:

11. Dialysate composition: Sodium mmol/l

Potassium mmol/l

Bicarbonate mmol/l

Glucose mg/dl

Calcium mmol/l

12. Dialysis parameters:

- Dry weight : kg
- Interdialytic weight gain: kg
- Maximum UF (rate) L or L/hour
- Usual blood pressure:
 - ° start of dialysis: mmHg
 - ° end of dialysis: mmHg
- UF profiling :
- Sodium profiling:
- Arterial pump speed: ml/min
- Venous pump speed: ml/min

13. Vascular access:

- AV fistula: type:
place:
 - metal needle catheter needle
 - unipuncture bipuncture

- Dialysis catheter: type:
place:
 single lumen double lumen
Heparin lock: art. ven.

14. Medication during dialysis:

- Anticoagulation (we use IV enoxaparin = Clexane)
 type :
 dose & frequency :
- ESA (we use IV Aranesp = darbepoietin 20µg)
 type :
 dose & frequency:
- Iron preparation (we use IV Injectafer 100 mg)
 type :
 dose & frequency :
- Other:
 type :
 dose & frequency :

15. Home medication:

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16. Transplant candidate yes no

Transplantcenter:

17. Lab results: please attach a copy of recent results

18. ECG : please attach a copy of recent ECG