

# HAEMODIALYSIS VISITOR REQUEST FORM

FACILITY: \_\_\_\_\_

PATIENT LABEL
---------------

Personal Details					
Name	_____	Date of Birth	_____		
Home telephone No	_____	Mobile	_____		
Visiting Address	_____				
Date of Visit	_____				
Diagnosis	_____				
Medical History					
Allergies	_____				
Diabetes Mellitus	Yes	No	Asthma	Yes	No
Cardiac Problems	Yes	No	Hypertension	Yes	No
Commencement date of first dialysis:	_____				
Laboratory <i>(Attach copies of test results within the past 30 days)</i>					
Hepatitis B (HbsAG)	_____	Hepatitis B Antibodies	_____		
Hepatitis C (HCV)	_____	HIV	_____		
MRSA (Catheter exit site)	_____	Nasal Swab (if no catheter)	_____		
Haemoglobin	_____	Haematocrit	_____	Sodium	_____
Potassium	_____	Urea	_____	Creatinine	_____
PO <sub>4</sub>	_____	Calcium	_____		
Haemodialysis Prescription					
Frequency	_____	2x/week	_____	3x/week	Other _____
Length of treatment	_____	hrs	Dry weight	_____	Kg
Type of dialyzer	_____	Coefficient	_____		
<b>Dialysate</b>	Potassium	_____	mmol/l	Calcium	_____
	Bicarb	_____	mmol/l	Sodium	_____
	Dextrose	_____	mmol/l		
Dialysate temperature	_____	C	Anticoagulant	_____	
Dialysate flow rate	_____	ml/min	Blood flow rate	_____	ml/min
Treatment of History					
<b>Type of Access</b>	Permanent Catheter	_____	Graft	_____	
	Temporary Catheter	_____	Av fistula	_____	
<b>Needle gauge/size</b>	_____				
<b>Local Anaesthetic</b>	Lidocaine (emla %5) ointment		Xylocaine inj		
Complications during dialysis if any					
<b>Medications</b>	EPO	_____	units	IV Iron	_____
	Other	_____			
Nephrologist Name			Phone number		
The holiday dialysis package price is AED1,872 which includes the following:					
<ul style="list-style-type: none"> <li>• NEPHROLOGIST CONSULTATION</li> <li>• HIV - 1/11 ABS (AIDS TEST) HEPATITIS B SURFACE ANTIGEN (HBSAG) HEPATITIS C ANTIBODIES Hemodialysis</li> <li>• HAEMODIALYSIS first session</li> </ul>					
<b>Note:</b> As per our hospital policy, we will not accept any injections from other hospital.					
Medication will be charged separately as per actual usage.					
On subsequent visits, dialysis will be charged at AED1,032 per session + medications.					
Kindly attached on email the Medical report, Serology test results of HIV, HBsAg and Anti-HCV, recent dialysis treatment sessions					