BCRenal
Provincial Health Services Authority

Visiting Dialysis Patient Report for Home HD Unit

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

- **Visiting Dialysis Unit:**
- **Please complete and fax to Home Dialysis Unit after final run for visiting patient.**
- **Please attach a fax cover sheet in front of this letter (for patient privacy).**

_____
Name of Dialysis Unit

_____
Phone Number of Dialysis Unit

_____ received dialysis treatment at
_____ dialysis unit from
_____ to _____

Tolerance of treatments while visiting:

Attached:

	ATTACHED	NOTHING RELEVANT TO REPORT
3 recent HD run sheets/log	☐	
List of medications (if changed)	☐	☐
Dialysis prescription (if changed)	☐	☐
Discharge from hospital	☐	☐
Consultations	☐	☐
Imaging reports	☐	☐
Most recent lab report(s)	☐	☐
Other: _____	☐	

BC Children's Hospital · fraserhealth · Interior Health · island health · northern health · Providence Health Care · Vancouver CoastalHealth