BCRenal
Provincial Health Services Authority

Visiting Dialysis Patient History & Physical Update Form

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

PHN: _____

▶ Please fax (1) *this* form; (2) the *Patient Request for Visiting Dialysis* form; and (3) *the Checklist for Visiting Dialysis Patient* form **within 2 weeks** of receiving this request. Dialysis reservations cannot be confirmed until the information has been reviewed by our nephrologist.

This form is to be completed by the patient's nephrologist.

Medical condition:

☐ No changes in medical condition since the most recent history and physical was completed (attach documentation of most recent history and physical)

OR

☐ Changes in medical condition since the most recent history and physical was completed (document changes in space below or attach dictated note, if preferred)

Fitness to travel:

☐ Patient is fit to travel. Psychosocial history & behavioural care management issues (and specifically violent or aggressive acts) have been considered.

_____ Print name (nephrologist)

_____ Signature

_____ Date

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