

# Hemodialysis Information



<b>Date Completed</b>					
<b>I. The Treatment Centre Where You Usually Get Your Care</b>					
<b>Name of Centre</b>					
<b>Address</b>					
<b>Phone</b>					
<b>Family Physician's Name</b>					
<b>Nephrologist's Name</b>					
<b>Other Important Information and Phone Numbers</b>					
<b>II. Usual Dialysis Prescription</b>					
<b>Dialyzer</b>					
<b>Dialysate</b>	Ca _____	K _____	Na _____	Bicarbonate _____	
<b>Dialysis hours</b>		<b>Dialysis treatments per week</b>		<b>Dry Weight</b>	
<b>Blood Flow Rate mL/min</b>					
<b>Heparinization</b>	Loading dose: _____ Hourly rate: _____ u/hr D/C: _____				
<b>III. Type of Vascular Access and Location</b>					
Central Line: _____ Graft: _____ Fistula: _____ Location: _____					
CVC Line Block: _____ Length: _____					

