

# 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