

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	<input type="checkbox"/>	
List of medications (if changed)	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis prescription (if changed)	<input type="checkbox"/>	<input type="checkbox"/>
Discharge from hospital	<input type="checkbox"/>	<input type="checkbox"/>
Consultations	<input type="checkbox"/>	<input type="checkbox"/>
Imaging reports	<input type="checkbox"/>	<input type="checkbox"/>
Most recent lab report(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	