TRAVELING DIALYSIS INFORMATION FORM

PATIENT INFORMATION
Patient name: ___________________________ DOB: ___/___/_____ Sex: M / F Age:_____
Marital Status: ___________________________ Nationality:____
Home Address: ____
Email: __________________________________ Phone:____
Bali Address:____
Phone Number in Bali: ____
Arrival Date: ___________________________ Departure Date: ______________________________________
First Dialysis: ____
Emergency Contact Name: ____
Relationship: ___________________________ Phone: ____
REFERRING DIALYSIS UNIT INFORMATION
Referring Unit Name: :____
Phone: _________________________________ Fax: :____
Primary Nephrologist: ____
Phone: _________________________________ Fax: ____
Primary Nurse Email: ____

BIMC HOSPITAL Dialysis Centre
Kawasan BTDC Blok D, Nusa Dua 80363 Bali, Indonesia
Tel: (+62 361) 3000 911 Fax: (+62 361) 3001 15
dialysiscentre@bimcbali.com

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MEDICAL PATIENT INFORMATION

Primary ESRF Diagnosis: ___________________________ Secondary:_________________________________

First Dialysis: ____

Past History: ____

____

____

____

Allergies: ____

Current Medication List: (please supply photocopy of drug chart if intradialytic medications are required)

__________________________________   __________________________________

__________________________________   __________________________________

__________________________________   __________________________________

Usual Blood Pressure : ____/____ mmHg

Target Dry Body Weight: _______ Kg   Recent Body Weight : _____ Kg

History of Hepatitis Vaccination: Yes ☐ No ☐

HbsAg: ______ Anti Hbs:_____ HbcAb:____ HbcAg: ____ Anti HCV: _____ HCV RNA: _____ Anti-HIV: _____
VRE:_____ MRSA:_____

(Please attach laboratory results no older than 90 days)

Blood type and Rhesus group:____

Blood Transfusion: ____

Please attach a copy of the laboratory results for full blood counts, electrolytes and liver function tests.

Special needs or circumstances/ mobility: ____

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CURRENT TREATMENT ORDERS

Composition of Dialysate: ____

Dialyzer and Delivery System: ____

History of Dialysis complications: ____

____

Please Describe the Vascular Access: Right / Left

AV Shunt / AV fistula/ needle gauge: ____

Date of access creation: ____

Any history of access complications:____

____

Anticoagulation:

Heparin Loading/Bolus Dose :__________(IU)

Maintenance: __________(IU/hr) off for last _________min of treatment

Heparin Free Heparin Dialysis:

Please state Method/Indication: ____

Frequency of Dialysis: ________ per week

Dialysis Treatment for: ____ hours

TMP Used: __________

Dialysate Temperature:________ ^{o}C

Blood flow rate (Qb): _____ mL/min

Dialysate Flow Rate (Qd): _____ mL/min

Last Ultrafiltration (UF) goal: _____ Liters

Maximal Tolerated UF Goal: _____ Liters

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Holiday Dialysis Dates

Please indicate the dates and treatment times for your planned holidays below and we will try to be as accommodating as possible.

Checklist for complete Travelling Dialysis Information

Please ensure all documentation is emailed to dialysiscentre@bimcbali.com at least 3 weeks before your first scheduled treatment except for the run/progress sheets which will need to be emailed after the last treatment in the home unit. The sooner we receive your paperwork, the sooner can we confirm your treatment and book you in!

	Attached
1. Referral letter from the Nephrologist detailing relevant past history, dialysis history/complications/concerns and approval to travel	☐
2. Completed Traveling Dialysis Information Form	☐
3. Scanned copies of the last 3 dialysis session progress/run sheets	☐
4. Scanned copy of the medication chart for intradialytic medication	☐
(note all intradialytic medication must be sent with the patient)	
5. Scanned copy of the latest blood results	☐

Signature Attending Physician/Nurse: Date:

Please note, that completion of this form is not a confirmation of your booking. We cannot confirm your booking until AFTER we have received all your paperwork, our Nephrologist has accepted your care and we have notified you of this. You will receive an email with confirmation of your booking after we have received 50% deposit of your total treatments requested.

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