

APPLICATION FORM FOR HOLIDAY DIALYSIS

Please type your travel destination:

Name	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 95%;" type="text" value="...../...../....."/>
------	--	---------------	--

Home Address	Street <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	Zip <input style="width: 95%;" type="text"/>
--------------	---	---	--

Country	<input style="width: 95%;" type="text"/>	E-mail	<input style="width: 95%;" type="text"/>
---------	--	--------	--

Telephone Nr	<input style="width: 95%;" type="text"/>	Mobile Nr	<input style="width: 95%;" type="text"/>
--------------	--	-----------	--

Date of Arrival	<input style="width: 95%;" type="text" value="...../...../....."/>	Name of Hotel in Rhodes	<input style="width: 95%;" type="text"/>
-----------------	--	-------------------------	--

Holiday Dialysis Schedule MON/WED/FRI	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>
---------------------------------------	--	--	--	--	--	--	--

Holiday Dialysis Schedule TUE/THU/SAT	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>	<input style="width: 95%;" type="text" value="...../....."/>
---------------------------------------	--	--	--	--	--	--	--

Preferred time of treatment	<input type="checkbox"/> Morning	<input type="checkbox"/> Noon	<input type="checkbox"/> Evening
-----------------------------	----------------------------------	-------------------------------	----------------------------------

Contact person in case of emergency	<input style="width: 95%;" type="text"/>
-------------------------------------	--

Type or relationship of contact with patient	<input style="width: 95%;" type="text"/>
--	--

Tel. Nr. of contact person	<input style="width: 95%;" type="text"/>	E-mail	<input style="width: 95%;" type="text"/>
----------------------------	--	--------	--

Name of your Dialysis Center	<input style="width: 95%;" type="text"/>
------------------------------	--

Address	<input style="width: 95%;" type="text"/>	City: <input style="width: 95%;" type="text"/>	Country: <input style="width: 95%;" type="text"/>
		Postal Code: <input style="width: 95%;" type="text"/>	

Nephrologists	<input style="width: 95%;" type="text"/>	Telephone Nr	<input style="width: 95%;" type="text"/>
---------------	--	--------------	--

Payment Method

Cash <input type="checkbox"/>	Private Insurance <input type="checkbox"/>	Name of Insurance Co. <input style="width: 95%;" type="text"/>
-------------------------------	--	--

EHIC Nr	<input style="width: 95%;" type="text"/>	Expiry Date	<input style="width: 95%;" type="text" value="...../...../....."/>
---------	--	-------------	--

(please include a copy of both sides of the EHIC card)

Other relevant information

Travel Insurance	<input style="width: 95%;" type="text"/>	Policy Nr	<input style="width: 95%;" type="text"/>
------------------	--	-----------	--

Transplant List Since	<input style="width: 95%;" type="text" value="...../...../....."/>
-----------------------	--

Patient must bring all relevant medication.

Notes / Comments: <input style="width: 95%; height: 40px;" type="text"/>	Signature of Patient <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> <input style="width: 95%; height: 40px;" type="text"/>
---	--

Patient Name

Medical Data to be completed by a Doctor:

Type of dialysis treatment you are currently receiving

- Haemodialysis
- On-Line Hemodiafiltrat

Type of dialysis machine:..... Type of dialyzer:.....

Dialysis Information

Blood group:..... Rhesus factor:.....

HBsAg positive negative dated/...../.....

HCV (Hepatitis C-virus) positive negative dated/...../.....

HIV-test positive negative dated/...../.....

MRSA-infection positive negative dated/...../.....

Diagnosis and history: PLEASE ENCLOSE LETTER

Recent problems:.....
.....

The patient has been treated with dialysis since:/...../.....

Haemodialysis schedule: Times per week..... Duration.....hours.

Vascular access:.....left / right; one / two needle(s)

Needle size:Temperature:..... Buttonhole: yes / no

Blood pressure:..... mmHg (ante dialysis) /.....mmHg (post dialysis)

Ideal weight:..... kg Average ultrafiltration need:.....Urinary volume/24 hrs.:ml

Composition of dialysate:

Heparinization:ml.

Present medication: please enclose medication list not older than 3 month
Laboratory results: please enclose laboratory results not older than 3 month

You must bring your HD medication with you.

Diet:.....Allergies:.....

History the last six months: yes / no

Unstable angina pectoris

Heart problems

Hyperkaliaemia

Shunt problems

Serious infections

Surgery

Haemodynamic instability during haemodialysis sessions

Other complications yes / no

.....
.....
.....

Mobility

The patient depends on a wheel chair / has trouble walking or please specify any physicals requirements

Signature of nephrologist in charge

X