

Patient information sheet to Shinagawa Garden Clinic

Identification data

Patient's name:

Age: Sex: Date of Birth: / / (Y/M/D)

Home address:

Home phone:

Medical insurance:

Dialysis date requested: / / (Y/M/D)~ (The last HD in our hospital is performed
in / / (Y/M/D))

Arrival date: / / (Y/M/D)

Departure date:

Hotel or local address:

Visiting phone number:

General treatment information

ESRD diagnosis:

Patient's secondary diagnosis:

Past history:

Contagious disease:

History of clinical hepatitis:

History of diabetes:

Allergies:

Home medications:

Medications received during dialysis:

Hemodialysis data

Initial dialysis date:

Dialysis per week:

Hours per treatment:

Dialyzer:

Dialysate:

Type of needles:

Size of needles:



Vascular access:

Condition of Vascular access:

Blood flow rate:

Venous outlet pressure:

Usual UFR/TMP:

Heparinizaion:

Hourly dose:

Dry weight:

Average weight gain:

Average BP: Pre Dialysis:

Post dialysis:

Unusual events/problems during dialysis and comments:

Laboratory data

Other medical information

History of operations:

ECG (EKG) readings:

Chest X-ray result:

Evidence of TB on Chest X-ray:

Pertinent psychosocial issues:

Level of activity:

Summary of past and current problems or complications:

Name of the clinic:

Name of Attending Physician:

Last _____ First _____ Title _____

Address:

TEL:

FAX:

E-mail:

I certify that the information given regarding Mr.(Ms) _____ is correct.

Date: / / (Y/M/D)

Signature _____