

Patient information sheet

Identification data

Patient's name:

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

Home address:

Home phone: (Japan)

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:

