

Hong Kong Sanatorium & Hospital

*Renal Dialysis Centre,
16/F, Li Shu Pui Block
2-4, Village Road, Happy Valley,
Hong Kong*

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Haemodialysis Medical Summary Sheet

1. Identification data

Patient's name _____

Date of birth ____ (d)/ ____ (m)/ ____ (yr) Age _____

Sex: Male / Female

Address _____

Telephone _____ Fax _____

Arrival date ____ (d)/ ____ (m)/ ____ (yr)

Departure date ____ (d)/ ____ (m)/ ____ (yr)

Treatment dates requested: First treatment _____ Last treatment _____

No. of treatment _____ Treatment schedule _____

2. General medical information

Diagnosis _____

Underlying diseases _____

Infectious diseases _____

Current medications _____

Erythropoietin _____

Drug allergies _____

Dialyzer allergies _____

3. Haemodialysis data

First dialysis date _____ Last dialysis date _____
Dialysis schedule _____ Duration of dialysis _____ hrs/session
Dialysis machine _____ Blood flow rate _____ ml/min
Dialyzer _____ Surface area _____
Type of membrane _____
Dialysate: Acetate / Bicarbonate Na _____ Ca _____
Dialysate flow rate _____ ml/min
Vascular access: Type _____ Site _____
Anticoagulation: Heparin / LMWH _____
Initial dose _____ Hourly dose _____
Dry weight _____ Kg Average weight gain _____
Average supine BP: _____ mmHg Pulse _____ /min
Complication and treatment during dialysis _____

4. Required laboratory data

The following lab tests must be done within 2 months of visitor's requested date and must be faxed to our hospital before accepting the patient.

Lab test items: *HBsAg, HBsAb, HCV-Ab and HIV*

5. Local emergency information (if applicable)

	Next of kin	Relationship	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____