

Tourist's Medical File

1. Administrative data

Last Name:

First name:

Date of birth:

Language:

Home country:

Address:

Phone number:

Fax number:

E-Mail:

Insurance Data :

Home dialysis center:

Address:

Phone number:

Fax number:

E-Mail:

Original Unit: Low care Haemodialysis 0 Hospital 0

Is the patient on a kidney transplant list ? Yes: 0 No: 0

If so, address of the Transplant Centre:

Length of stay: From..... /..... /..... Until...../..... /.....

Address during your stay:

Person of Contact:

Phone Number of the Person of contact:

If your country of origin is located outside the EEC, or if you are not registered at a health insurance company. Then indicate the way of payment please:

.....
Attention: the proof of payment must be submitted before you can receive a treatment in our Health Centre.

Service de Néphrologie,
Dialyse et
Transplantation rénale

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Dialyse extra-hospitalière
T 065 39 25 24

Site César de Paeppe-Bruxelles
Dialyse hospitalière
T 02 506 78 35
Dialyse extra-hospitalière
T 02 506 78 31

Mobility data

Ambulatory 0 Wheelchair 0 Stretcher 0 Dialyse at : Bed 0 Armchair 0

2. Dialysis Technique

Vascular access:

Catheter:

Type : Double lumen 0 Single lumen 0
Uni Puncture 0 Bi-Puncture 0 Usual flow rate:

Cleaning and care of the KT at the end of the session:

Heparin 0
Citralock 0
Other :

Arterio-Venous fistula (AVF).

Native AVF 0 AVG (AV graft) 0 Type :
Uni Puncture 0 Bi-Puncture 0 Usual debit:
Attribute of he needles:
Perforation Type: Rope ladder / Buttonhole / Other:...

Anti-Coagulation:

Unfractionated Heparin: Bolus:ml Sustained:m
LMWH : Dose :
Other :

Artificial kidney:

Filter:..... Membrane Type:.....
Surface:..... Sterilisation:.....

Dry weight :kg Max. permissible UF: **Dialysis time** :.....h

Dialysate:

Bicarbonate: mmol/L K+ : mmol/L Ca. : mmol/L
Na : mmol/L Glucose : g/L

Type of treatment: CWI hemodialysis 0 Hemodiafiltration 0

Problems during the session:

Problems with the vascular access:

Serology (<3 Months, Please attach results)

HBV : AgHBV Ac anti-HBV HCV : Ac anti-HCV(Date)
 HIV (Date)

Treatment with erythropoiesis stimulating agent: 0 Yes 0 No

Eprex: (Total dose per week UI and frequency)

Recormon: (Total dose per week UI and frequency)

Aranesp : (Total dose per week UI and frequency)

Mircera : (Total dose per week UI and frequency)

4. Medical Data

Primary Kidney disease:

(First Dialysis (dd/mm/yyyy)):

Associated Diagnoses:

- 1
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....

Current Problems:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Current treatment and daily dose

Name	Dose (mg)	To take, per day, (...x/d)

Note:

Nephrologist (Stamp):

Date and signature.