



## TRAVELING DIALYSIS INFORMATION FORM

PATIENT INFORMATION
Patient name: _____ DOB: ____/____/____ Sex: M / F Age: _____
Marital Status: _____ Nationality: _____
Home Address: _____
Email: _____ Phone: _____
Bali Address: _____
Phone Number in Bali: _____
Arrival Date: _____ Departure Date: _____
First Dialysis: _____
Emergency Contact Name: _____
Relationship: _____ Phone: _____

REFERRING DIALYSIS UNIT INFORMATION
Referring Unit Name: : _____
Phone: _____ Fax: : _____
Primary Nephrologist: _____
Phone: _____ Fax: _____
Primary Nurse Email: _____

**MEDICAL PATIENT INFORMATION**

Primary ESRF Diagnosis: \_\_\_\_\_ Secondary: \_\_\_\_\_

First Dialysis: \_\_\_\_\_

Past History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medication List: (please supply photocopy of drug chart if intradialytic medications are required)

_____	_____
_____	_____
_____	_____

Usual Blood Pressure : \_\_\_\_/\_\_\_\_ mmHg

Target Dry Body Weight: \_\_\_\_\_ Kg

Recent Body Weight : \_\_\_\_\_ Kg

History of Hepatitis Vaccination: Yes ☐ No ☐

HbsAg: \_\_\_\_\_ Anti Hbs: \_\_\_\_\_ HbcAb: \_\_\_\_\_ HbcAg: \_\_\_\_\_ Anti HCV: \_\_\_\_\_ HCV RNA: \_\_\_\_\_ Anti-HIV: \_\_\_\_\_

VRE: \_\_\_\_\_ MRSA: \_\_\_\_\_

(Please attach laboratory results no older than 90 days)

Blood type and Rhesus group: \_\_\_\_\_

Blood Transfusion: \_\_\_\_\_

Please attach a copy of the laboratory results for full blood counts, electrolytes and liver function tests.

Special needs or circumstances/ mobility: \_\_\_\_\_

**CURRENT TREATMENT ORDERS**

Composition of Dialysate: \_\_\_\_\_

Dialyzer and Delivery System: \_\_\_\_\_

History of Dialysis complications: \_\_\_\_\_

Please Describe the Vascular Access: \_\_\_\_\_ Right / Left

AV Shunt / AV fistula/ needle gauge: \_\_\_\_\_

Date of access creation: \_\_\_\_\_

Any history of access complications: \_\_\_\_\_

Anticoagulation:

Heparin Loading/Bolus Dose : \_\_\_\_\_ (IU)

Maintenance: \_\_\_\_\_ (IU/hr) off for last \_\_\_\_\_ min of treatment

Heparin Free Heparin Dialysis:

Please state Method/Indication: \_\_\_\_\_

Frequency of Dialysis: \_\_\_\_\_ per week

Dialysis Treatment for: \_\_\_\_\_ hours

TMP Used: \_\_\_\_\_

Dialysate Temperature: \_\_\_\_\_ °C

Blood flow rate (Qb): \_\_\_\_\_ mL/min

Dialysate Flow Rate (Qd): \_\_\_\_\_ mL/min

Last Ultrafiltration (UF) goal: \_\_\_\_\_ Liters

Maximal Tolerated UF Goal: \_\_\_\_\_ Liters



## Holiday Dialysis Dates

Please indicate the dates and treatment times for your planned holidays below and we will try to be as accommodating as possible.

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## Checklist for complete Travelling Dialysis Information

Please ensure all documentation is emailed to [dialysiscentre@bimcbali.com](mailto:dialysiscentre@bimcbali.com) at least 3 weeks before your first scheduled treatment except for the run/progress sheets which will need to be emailed after the last treatment in the home unit. The sooner we receive your paperwork, the sooner can we confirm your treatment and book you in!

Attached

1. Referral letter from the Nephrologist detailing relevant past history, dialysis history/complications/concerns and approval to travel	<input type="checkbox"/>
2. Completed Traveling Dialysis Information Form	<input type="checkbox"/>
3. Scanned copies of the last 3 dialysis session progress/run sheets	<input type="checkbox"/>
4. Scanned copy of the medication chart for intradialytic medication (note all intradialytic medication must be sent with the patient)	<input type="checkbox"/>
5. Scanned copy of the latest blood results	<input type="checkbox"/>

Signature Attending Physician/Nurse:

Date:

**Please note, that completion of this form is not a confirmation of your booking. We cannot confirm your booking until AFTER we have received all your paperwork, our Nephrologist has accepted your care and we have notified you of this. You will receive an email with confirmation of your booking after we have received 50% deposit of your total treatments requested.**