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HOLIDAY DIALYSIS IN THE MORAVIAN KARST

Basic data of the patient:

Name and surname:

Date of birth:

Adress:

Phone, e-mail:

Address during holiday:

Mobile phone:

Transportation to center:

Dates of your stay:

Preferred terms of dialyses:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning Afternoon Evening

Address of your dial. center:

Treating nephrologist:

Phone:

e-mail:

Cause of renal failure:

Other health problems:

Dialysis treatment since:

HBs antigen: positive negative Date of testing:

Anti HCV: positive negative Date of testing:

Anti HBs: titer: Date of testing:

HIV: positive negative Date of testing:

Please attach copies of last laboratory results of blood analysis.

(Results of HBsAg and antiHCV testing must not be older than three months of the date of commencement of the first holiday dialysis).

Known Allergies:

Dialysis mode:

Type: HD <input type="checkbox"/> HF <input type="checkbox"/> HDF <input type="checkbox"/>	Duration of dialysis: _____ hours	Frequency of dialyses: _____ times a week.
Access: AV Fistula <input type="checkbox"/>	Tunneled catheter <input type="checkbox"/>	
The volume of heparin plugs:	A: _____ ml.	V: _____ ml.
Dialyzer:	Composition of dialysis solution:	
Heparinisation during dialysis:		
Blood flow: _____ ml/min	Average fluid intake during dialysis: _____ ml	
Dry weight _____ kg		
Usual difficulties in dialysis (hypotension, convulsions, other): 		

Current other treatments:**Special requirements:****Date, stamp and signature of the treating physician:**

I confirm interest in Holiday Dialysis in the Moravian Karst

Date and signature of the patient: