

The Regular Dialysis Unit Transit Patient information form:

Patient's name:	Gender:
Date of Birth:	date:

Permanent Residence:
Address:

Phone/Fax:
Mobile:
E.Mail:

Referring Center:

Adresse/Address:

Phone/Fax::
E.Mail:

Transit Residence in Egypt/Sharm el Sheikh:

Hotel Address:

Phone:

Contact person in Egypt:

Phone:

Mobile:

Original Disease:

Date of starting RDT:

Dialytic History:

Type of Dialysis	Dialysis Access	Center	From	Till/to

Previous Transfusions:

Number:

Latest:

any reactions:

Blood-group:

Previous Transplants

Date of Transplantation		Date of graft Loss	Cause

Previous Viral Infections:

Infection	date acquired	Current Status
HBV		
HCI		
HIV		
CMV		

Current Dialysis Modality:

HD () CAPD () PD () Other:

Haemodialysis:

Dialysis Access: (First Session)will be on the

last Session will be on the:

Dialysis Frequency: /week
hours/Session: hours/session**Dialyzer often Used:**

Membrane: Membranethickness:

Surface area:

Buffer:

Potassio No.:**Heparinization:**

Initial: Maintenance: /h

Stoptime: min.

Blood Flow rate: TMP:

clinical Data:

Dry weight: Kg

Average weight swings: Kg

Basal Blood pressure mm Hg

Average swings: mm Hg

Any chronic clinical problems:**Specivic problems during Dialysis:****Latest predialysis laboratory data** Date:.....

PCV:..

Hb:g/l BUN ():..... mg/dl**Creatinine clearance / Jaffe:**..... mg/dl**Sodium :** mml/l **Potassio:**..... mml/lHCO₃ ()**Calcium:** mmol/l (2,2 -2,8)

Phosphorus: mmol/l (0,6 – 1,6)

Alk Pase ():.....µ/l. (60-170)SGOT:SGPT:.....µ/l(10-20)

PP:.....

Fasting Sugar **Fasting glucose:**.....

HbsAk:

HbsAg: **antibody:**µ/l (after inoculation) (p.V.)..

HbeAg: **antibody:**.....

Separate lab.investigation in the attachment

Other relevant data:

Any specific recommendations:

Physician in Charge:

.....
Signature (dialysis center):

Date: