

Western Hospital Holiday Dialysis



Personal Data

Name:	<input type="text"/>	Nationality:	<input type="text"/>	Passport No:	<input type="text"/>
Age:	<input type="text"/>	Sex:	<input type="text"/>	Occupation:	<input type="text"/>
Address:	<input type="text"/>				
Residential:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
Address in Sri Lanka:	<input type="text"/>				
Local Contact Name:	<input type="text"/>	Their Mobile:	<input type="text"/>		

Medical Details

Have you obtained your local doctors referral letter: Yes / No

Significant Past History (Co morbidities, Allergies, Other)

Cause for renal failure:	<input type="text"/>		
Date of last dialysis:	<input type="text"/>		
Dry weight:	<input type="text"/>	Average weight gain:	<input type="text"/>
Vascular access:	<input type="text"/>	Condition of access:	<input type="text"/>
Dialyzer surface area:	<input type="text"/>		
Pre-Dialysis Blood Pressure:	<input type="text"/>	Post-Dialysis Blood Pressure:	<input type="text"/>
Any problems during dialysis:	<input type="text"/>		
Special requirements for dialysis:	<input type="text"/>		

Recent Laboratory Results (2 weeks from DOA)

Blood Urea:	<input type="text"/>	Date:	<input type="text"/>	Serum Creatinine:	<input type="text"/>	Date:	<input type="text"/>
Hemoglobin:	<input type="text"/>	Date:	<input type="text"/>	Serum Sodium:	<input type="text"/>	Date:	<input type="text"/>
Serum Potassium:	<input type="text"/>	Date:	<input type="text"/>	Hepatitis B Antigen:	<input type="text"/>	Date:	<input type="text"/>
Hepatitis C Antibody:	<input type="text"/>	Date:	<input type="text"/>	HIV:	<input type="text"/>	Date:	<input type="text"/>
VDRL:	<input type="text"/>	Date:	<input type="text"/>				
Other:	<input type="text"/>						

Drug List (Please attach if area is insufficient)

1.	<input type="text"/>	2.	<input type="text"/>
3.	<input type="text"/>	4.	<input type="text"/>
5.	<input type="text"/>	6.	<input type="text"/>

Patient is fit for travel: Yes / No

Physicians Name:

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Physician's Signature

