腎科透析中心
Renal Dialysis Centre

Haemodialysis Medical Summary Sheet (For Tourist)

Identification Data				
Patient's Name (Mr./Mrs./Ms./Miss) ______________________				
Date of birth:______________(dd/mm/yyyy)		Age:__________	Sex: M / F	
Home Address:				
Home Phone no.:		Mobile:		
E-mail:		Fax:		
Address in Hong Kong: Phone no. in Hong Kong:				
Emergency Contact Next of Kin:		Relationship:	Phone number:	
General Medical information:				
Diagnosis:				
Underlying Diseases:				
Allergies	☐ Yes, Please specify:		☐ No	☐ Not Known
Current Medications:				

Dialysis Treatment Dates Requested		
No. of Treatment sessions in Hong Kong:	Treatment Schedule:	
	☐ Mon/Wed/Fri	AM (starts before 8:00 am) / PM (starts before 2:00 pm)
	☐ Tue/Thur/Sat	AM (starts before 8:00 am) / PM (starts before 2:00 pm)

Arrival Date:______________(dd/mm/yyyy) Departure Date: ______________(dd/mm/yyyy)

First Treatment: ______________(dd/mm/yyyy) Last Treatment: ______________(dd/mm/yyyy)

16/F, Li Shu Pui Block, 2 Village Rd., Happy Valley, H.K.
Tel: (852)2835 8926 / Fax: (852)2892 7524
E-mail: RDC@hksh-hospital.com

養和醫療集團成員 A member of HKSH Medical Group

腎科透析中心
Renal Dialysis Centre

Haemodialysis Medical Summary Sheet (For Tourist)

Specific Haemodialysis Data:		
Date Dialysis Initiated:__________ (dd/mm/yyyy)	No. of Sessions per week :_______	Duration of Dialysis : _____hrs/session
Type of Dialyzer:	Surface Area:	
Dialysis Prescription: ☐ HD ☐ On-line HDF (Pre /Post dilution)	Blood Flow Rate (ml/min):	
Vascular Access: Fistula / Goretex graft / Catheter Site____________________	Type of Needle: ____________________	
Average BP Pre-dialysis /	Average BP Post-dialysis: /	
Dry Weight (kg)____________________	Average Interdialytic weight gain:__________________	
Dialysate: Bicarbonate: __________________Na:__________________ K: ____________ Ca: ______________ Glucose: ___________	Temperature:__________________ Dialysate Flow Rate Auto flow / (ml/min)	
ANTICOAGULATION Heparin / LMWH / Others: ____________________		
Initial Dose________________	Hourly Dose________________	Heparin stopped ________mins before end
Special Dialysis Requirements/ Complications		

Valid Laboratory Data (within 4 weeks of the holiday dialysis dates)
The following lab tests MUST BE done *within 4 weeks prior to visitor's requested date* and MUST BE emailed / faxed to our hospital before accepting the booking.
Lab test items:

- ✓ *HIV*
- ✓ *HBsAg*
- ✓ *HBsAb*
- ✓ *HCV-Ab*
- ✓ *Hepatitis B core Total Antibody*
  (If HBsAb Negative & Hepatitis B core Total Antibody positive, please check HBV DNA Quantitative PCR)
- ✓ *Nasal (Swab) for culture*

This form must be accompanied by copies of the following information for confirmation of booking and appointment date(s).

1. Valid Laboratory Report
2. Medical Letter from referring Nephrologist / Doctor
3. Current medication chart (Signed by a medical officer)
4. Three recent dialysis treatments sheets.

Please note:
Please send the above requested information to us. We are not able to confirm the treatment without them.
Please send or fax this form with appropriate documents to RDC@hksh-hospital.com / (852) 2892 7524.

16/F, Li Shu Pui Block, 2 Village Rd., Happy Valley, H.K.
Tel: (852)2835 8926 / Fax: (852)2892 7524
E-mail: RDC@hksh-hospital.com