Dialyse- Ambulatorium Ges.m.b.H.
Ärztlicher Leiter Univ.- Prof. Dr. Franz Krempler
A 5020 Salzburg, Remisenweg 1 (:+43 662 827711, Fax: +43 662 8277114, Mail: office@diamax.at

Please fill in this form completely

Patient:

Name: _____ First name: _____ Date of birth.: _____

Address: _____ (: _____

Bloodgroup: _____ Rh. factor: _____ allergies: _____

Dry weight: _____ kg average inter-dialysis weight gain: _____ kg

Blood pressure _____ blood pressure response: r stable r instable

Vascular access: shunt: _____ left: r right: r needle gauge: _____ single needle: _____

Catheter: _____ single lumen: r double lumen: r Blocker: arterial: _____ venous: _____

Dialysis since: _____ Blood flow rate _____ ml/min.

Dialyser: _____ Dialysate: K _____ Na _____ Ca _____

Surface: _____ HD: r HDF: r

Dialysis sessions / week: _____ Hours per treatment: _____ hours

Anticoagulation / Heparin: Bolus: _____ continuous: _____

Anticoagulation-Therapy: yes: r no r name of medication: _____

Renal diagnosis:

Medication:

BLOOD RESULTS:

						Not older than 3 months!		
	date:	value		date:	value:	**Important!!**	date:	value:
Ery/HB			GOT			HBs-AG		r pos. r neg.
Leuco			GPT			HBs-AK		r pos. r neg.
Na			GGT			HBc-AK		r pos. r neg.
K			AP			Hepatits B-Vacc.		r yes r no
Ca			Bili			HIV Test		r pos. r neg.
BUN			S-Creat.			HCV		r pos. r neg.
						HC-AK		r pos. r neg.

DIALYSIS CENTRE / UNIT: _____ (: _____
Physician in charge: _____ Fax: _____

_____ _____
Date: Signature physician