

PATIENT INFORMATION SHEET

透析患者質問書/主治医記載

2. GENERAL TREATMENT INFORMATION 英語で記載してください。

ESRD Diagnosis	
Secondary Diagnosis	
Infectious Diseases	
History if Clinical Hepatitis	Yes / No
Medications	
Allergie	
Epogen:Date Started	Dose
If yes, Date	

3. HEMODIALYSIS DATA

Blood type	
Initial Dialysis Date	
Dialysis / Week/ Hours Treatment	
Dialyzer	
Surface Area	
Material	
Membrane:Please check the type of membrane.	
HD High Flux /HD Low Flux/ HDL (Online)	
Dialysate	
K+Concentration	
Type of Vascular access	
Type of Needle	
Needle Size	
Blood Flow Rate	
Venous Outlet Pressure	
Usual UFR/TMP_	
Heparinization Initial Dose	
Heparinization Hourly Dose	
Dry Weight	
Average Weight Gain	
Average Supine BP Pre-Dialysis	
Average Supine BP Post-Dialysis	

4. BLOOD LABORATORY DATA

The following blood tests must be done within 2 months of visitor's requested dialysis date in Thai

Date	Test	result
	Hemoglobin	
	Hematocrit	
	BUN	
	Creatinine	
	Potassium	
	SGPT	
	Ca+	
	P+	
	HBsAg	
	VDRL	
	HIV	
	Anti HCV	

Unusual events/problems during dialysis and comments

5. MEDICAL INFORMATION

Physician's summary of past and current problems or complications, including EKG

6. REFERRING PHYSICIAN

I certify that the information given regarding

(patient's name MR.Ms. _____)

is correct and permission is granted by

(physician's name _____ M.D.)

ReferringHospital

Address

Phone Numbe

Date

Physician's Signature

本書類と併せ、下記を患者様にお渡しください。

- ・ 肝炎検査結果の原本
- ・ HIV検査結果の原本

当院での透析治療の当日にご提出いただく必要がございます。

ご不明な点等ございましたらお気軽にお問い合わせください。

バンコク病院

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