



PHILIPPINE SOCIETY OF NEPHROLOGY HEMODIALYSIS PATIENT'S ENDORSEMENT FORM

REFERRING HEMODIALYSIS CENTER (HDC)	RECEIVING HDC	DATE

Patient's Name	Date of Birth	Age & Sex	Contact Number
Last Name: <input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name: <input style="width: 90%;" type="text"/>			
Middle Name: <input style="width: 90%;" type="text"/>			

Address:

Person to notify in case of emergency:	Relation to Patient	Contact Number

Diagnosis:

Co-Morbid Condition/s	Other Attending Physicians / Subspecialty

Hepatitis Profile	Qualitative	Quantitative	Date	Latest Immunization/s
HBs Antigen	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hepatitis B Vaccine
Anti-HBs Antibody	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1st Dose <input type="checkbox"/> 2nd Dose <input type="checkbox"/> 3rd Dose <input type="checkbox"/> 4th Dose
Anti-HBc Antibody	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hepatitis B Booster
Anti-HCV IgM	<input type="text"/>	<input type="text"/>	<input type="text"/>	Influenza Vaccine
				Pneumococcal Vaccine

Vascular Access	Access Location	Surgeon	Date Created	Hospital
Internal Jugular Vein / Permanent Catheter	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
AV Fistula	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
AV Graft	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Hemodialysis Prescriptions	Current Medication/s
Frequency: <input style="width: 90%;" type="text"/>	<div style="border: 1px solid black; height: 150px;"></div>
Duration: <input style="width: 90%;" type="text"/>	
Dialyzer: <input style="width: 90%;" type="text"/>	
Dialysate Flow Rate: <input style="width: 90%;" type="text"/>	
Blood Flow Rate: <input style="width: 90%;" type="text"/>	
Dialysate Bath: <input style="width: 90%;" type="text"/>	
Anticoagulant/Dose: <input style="width: 90%;" type="text"/>	
Dry Weight: <input style="width: 90%;" type="text"/>	

Complication/Problems Encountered During Hemodialysis:

1. <input style="width: 95%;" type="text"/>	2. <input style="width: 95%;" type="text"/>
3. <input style="width: 95%;" type="text"/>	4. <input style="width: 95%;" type="text"/>
5. <input style="width: 95%;" type="text"/>	6. <input style="width: 95%;" type="text"/>

	Contact Number	PHIC Accreditation No./Validity
<input type="checkbox"/> I will still be the attending nephrologist	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Transfer service to <input style="width: 300px;" type="text"/> , MD	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Attachments: Last 3 Hemodialysis Treatment Sheets Laboratory Flow Sheet/Results

Name and Signature of Referring Nephrologist:

Printed Name: <input style="width: 95%;" type="text"/>	Contact No.: <input style="width: 95%;" type="text"/>
_____ Signature over Printed Name	PHIC Accred. No.: <input style="width: 95%;" type="text"/>

*Please inform referring nephrologist once patient is accepted in the receiving HDC.
*Accomplish in duplicate and retain one copy in the patient's chart.
Downloadable from www.psn.org.ph