



**TRANSIENT PATIENT INFORMATION**

Patient Name:	DOB:	Gender: Male Female
Dialysis Date Requested:	Provincial Health Number/Other:	
Home Address (Street, City, Province):	Visiting Address (Street, City):	
Home Phone Number:	Visiting Phone Number:	
Next of Kin:	Visiting Contact Person:	
Referring unit:	Referring Physician:	
Unit Contact:	Unit Phone Number:	
Unit Address (Street, City, Province):	Unit Fax Number:	

**Please send the following information:**

- Consent for treatment (per sending facility)
- Medical history & physical within 1 year
- Current medication list including antibiotic therapy and all PRN and single dose medications within the last month
- Dialysis treatment record (3 now and 3 prior to arrival)
- Current laboratory reports including CBC and Chemistry (medications will not be adjusted)
- Chest X-ray within 6 months
- Vascular Access Information including Diagram
- Other pertinent information (Psycho-social)
- HbsAb, HbsAg, HCV results within 1 month
- Swab results (see below)

**THE FOLLOWING MRSA AND CPE SWABS MUST BE COMPLETED WITHIN ONE WEEK PRIOR TO ARRIVAL:**

1. Right and left nares – MRSA
2. Rectum (or colostomy, culture stoma site) – CPE
3. All open Wounds or draining sites at next dressing change – MRSA

**PLEASE ADVISE PATIENT TO REPORT TO ADMITTING DEPARTMENT PRIOR TO ARRIVING FOR TREATMENT.**