

APPROVAL FOR HAEMODIALYSIS PROGRAMME (KELULUSAN MENYERTAI PROGRAM HEMODIALISIS)

Name / Nama : _____ Gender / Jantina: _____

NRIC No / KP : _____ Age / Umur: _____

Checklist (For official use only)

1.	Blood Test Status
	<p>Hep. B <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. C <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. B + C <input type="checkbox"/> Triple Negative <input type="checkbox"/></p> <p>IMPORTANT NOTE: PATIENT _____</p>

2.	Commencement of Dialysis	Date:
	<p>Name of Dialysis Centre: _____</p> <p>Facility Available for: _____</p> <p>Temporary Dialysis (if relevant) since: _____</p> <p>Actual Date of Commencement: _____ (To be filled by CM / SN In-Charge)</p> <p>Signature of Centre Manager / Staff Nurse In-Charge: _____</p>	

3.	Patient Category
	<p><input type="checkbox"/> Self Paying <input type="checkbox"/> Subsidized Patient <input type="checkbox"/> SOCSO <input type="checkbox"/> JPA & Govt. Agencies</p> <p><input type="checkbox"/> Govt. Non Pencen <input type="checkbox"/> Others</p> <p>Date Received MOH subsidy: _____</p>

4.	Financial Assistance With Effect From
	<p><input type="checkbox"/> PDWF (Date: _____) <input type="checkbox"/> PWF (Date : _____)</p> <p><input type="checkbox"/> Hardcore Poor (Date: _____) <input type="checkbox"/> Others : _____ (Date : _____)</p>

5.	Welfare Manager / Officer's Recommendation	Date:
	<input type="checkbox"/> Pending – Supporting documents / Home Visit is required <input type="checkbox"/> Recommended for admission Comments:	

6.	Head of Medical's Recommendation	Date:
	<input type="checkbox"/> Approved for provisional entry. Dialysis Centre: _____ <input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting Comments:	

7.	Patient Selection & Welfare Committee / Local Committee's Recommendation	Date:
	<input type="checkbox"/> Approved : Dialysis Centre _____ <input type="checkbox"/> Rejected : Reason _____ <input type="checkbox"/> Deferred : Reason _____	

=====//MM//=====//MM//=====

Checklist (For Welfare Dept use only)

	Form Received	Date Received	Applicant	Spouse	Parents	Children	Sibling	Others
8.	Application Form							
9.	Medical Report							
10.	Blood Test Result-Hep B, C & HIV							
11.	Latest Income Tax Assessment							
12.	Latest EPF Statement							
13.	Employer's Letter Stating Salary							
14.	Others (please specify)							
15.	Agreement Status		Sign by CEO	<input type="checkbox"/>	Date Signed:			
16.	Name of Guarantor:		I/C No:		Tel:			