NATIONAL KIDNEY FOUNDATION MALAYSIA

SUMMARY OF MEDICAL REPORT
FOR HAEMODIALYSIS PROGRAMME
(RINGKASAN LAPORAN PERUBATAN MENYERTAI PROGRAM HEMODIALISIS)

Patient's Name : ____________________
Patient's IC No. : ____________________

Physician's Name : ____________________
Physician's Clinic / Hospital : ____________________
Physician's Tel. No / Pager : ____________________

Etiology of ESRF : ____________________
Other medical illness : ____________________
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Allergy : ☐ Yes (specify) ____________________ ☐ No

1. SUMMARY OF MEDICAL REPORT:

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2. SPECIFIC QUESTIONS:

Is patient ambulant? : ☐ Yes ☐ No / If Not, Please Specify ____________________
Is patient fit for a transplant? : ☐ Yes ☐ No / Remarks ____________________

3. VASCULAR ACCESS : ☐ AV Fistula ☐ AV Graft ☐ Others ☐ Nil
Date Created : ____________
In use : ☐ Yes ☐ No
Location of AV Fistula : ☐ Left Arm ☐ Right Arm ☐ Others, State........

4. CURRENT TREATMENT : ☐ Conservative ☐ IPD ☐ CAPD ☐ Haemodialysis
Date of first dialysis : ____________________
Place of dialysis : ____________________

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5. INVESTIGATIONS (Fill in and attach printed copy of results) :

HBsAg	:	☐ Positive	☐ Negative	☐ Not done
Anti HBS	:	☐ Positive	☐ Negative	☐ Not done
Anti HCV	:	☐ Positive	☐ Negative	☐ Not done
HIV	:	☐ Positive	☐ Negative	☐ Not done
MRSA Screen	:	☐ Positive	☐ Negative	☐ Not done

****** Please attach a printed Lab Test Result of Hepatitis B, C and HIV, failing which application will not be considered***

Attached : ☐ Yes ☐ No (Reason) ____

Creatinine	: __________ umol/l	Urea	: __________ mmol/l
Potassium	: __________ mmol/l	HCO3	: __________ mmol/l
Calcium	: __________ mmol/l	Phosphate	: __________ mmol/l
ALT	: __________ iµ/l	AST	: __________ iµ/l
Albumin	: __________ g/l	Hb	: __________ g/dl

*** Please attach CXR and ECG report*

6. CURRENT MEDICATIONS:

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7. OTHER COMMENTS:

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_________________________ _____________________

Signature of Physician / Nephrologist Date

Name

Hospital Chop