

**FILE FOR HOLIDAY  
DIALYSIS**

Name of patient: .....

Date:

**Usual dialysis centre of the patient:**

Name of the centre:  
Address:  
Postal code:                      Village/Town:  
Telephone:                      Fax:  
E-mail:  
Nephrologist to contact: .....

**Holiday dialysis centre of the patient:**

Name of the centre:  
Address:  
Postal code:                      Village/Town:  
Telephone:                      Fax:  
E-mail:  
Nephrologist to contact:

**Period of holidays:** from: ..... Till: .....

Latest dialysis in our centre: .....  
First dialysis in centre of holidaycentre: .....  
Last dialysis in centre of holidaycentre: .....  
Usual days of dialysis: .....

**To fill in by the patient**

**Personal information:**

Name (given name for women): First name:

Date of birth:

Address:

Postal code: Village/Town:

Telephone: Portable: Fax:

Motherlanguage:  Dutch  French  English  German

Other (specify): .....

Name husband/spouse

**Information about holidays:**

Address of residence:

Postal code: Village/Town: Country:

Telephone: Portable:

Fax:

**Information about mutuality:**

Name mutuality (Health insurance):

Holder:

Stick here a vignette  
of your mutuality

If you're not member of a Belgian mutuality, please put a E 111 document {you can get it from your mutuality (Health insurance)}

**To fill in by the dialysis centre**

Holiday dialysis for the patient

Date started on dialysis:

Etiology of the kidney insufficiency:

Allergies: .....

Type of dialysis:  Centre dialysis  Auto dialysis  Dialysis at home  
 HD  Peritoneal dialysis  
 HDF

Number of dialysis sessions a week: times/week

Duration per session: hour.

Ideal weight: kg.

Usual UF need: g/hour

Blood pressure before dialysis: mmHg

Blood pressure after dialysis: mmHg

Blood group: Rhesus:

HBV: Hbs :  pos  neg  
 Anti-Hbs:  pos  neg  
 Vaccination:  yes  no

HCV: Hc al :  pos  neg  
 RNA:  pos  neg

HIV:  pos  neg

Active on waiting list Tx:  yes  no

On waiting list in centre: .....

**Artificial kidney:**

Brand + type:

Type of membrane:

Surface:

Method of sterilisation:

**Dialysis Fluid:**

Sodium: mmol/l

Calcium: mmol/l

Potassium: mmol/l

Glucose: mg/dl

Bicarbonate:

**Vascular access:**

AV fistula

Catheter

1-needle

2-needle

Single lumen

Double lumen

Gauge: .....

French: .....

Desired QB: ml/min

Desired QD: ml/ min

**Anticoagulation:**

Heparin: - Type : .....

- Dose : .....

Other (Specify):

Recent biology : see attachment

used medication : see attachment

**Medical history:**

.....  
.....  
.....

**Special points for attention:**

.....  
.....

**Attachment :**

- Lab
- ECG
- MRSA screening
- Copy of passport
- (Document 111)