Feriendialyse Zell am See Ges.m.b.H.
Ärztlicher Leiter. Primarius Univ.-Dozent Dr. Rene´ R. Wenzel
A 5700 Zell am See, Paracelsusstraße 8 ☎: (0043) 6542/777-2345, Fax: (0043) 6542/777-60

Please fill in this form completely

Patient:

Name: _____ First name: _____ Date of birth.: _____

Address: _____ ☎: _____

Bloodgroup: _____ Rh. factor: _____ allergies: _____

Dry weight: _____ kg average inter-dialysis weight gain: _____ kg

Blood pressure _____ blood pressure response: ❒ stable ❒ instable

Vascular access: shunt: _____ left: ❒ right: ❒ needle gauge: _____ single needle: _____

Catheter: _____ single lumen: ❒ double lumen: ❒ Blocker: arterial: _____ venous: _____

Dialysis since: _____ Blood flow rate _____ ml/min.

Dialyser: _____ Dialysate: K _____ Na _____ Ca _____

Surface: _____ HD: ❒ HDF: ❒

Dialysis sessions / week: _____ Hours per treatment: _____ hours

Anticoagulation / Heparin: Bolus: _____ continuous: _____

Anticoagulation-Therapy: yes: ❒ no ❒ name of medication: _____

Renal diagnosis:

Medication:

BLOOD RESULTS:

						Not older than 3 months!		
	date:	value		date:	value:	Important!!	date:	value:
Ery/HB			GOT			HBs-AG		❒ pos. ❒ neg.
Leuco			GPT			HBs-AK		❒ pos. ❒ neg.
Na			GAGT			HBc-AK		❒ pos. ❒ neg.
K			AP			Hepatits B-Vacc.		❒ yes ❒ no
Ca			Bili			HIV/HTLV III Test		❒ pos. ❒ neg.
BUN			S-Creat.			HCV		❒ pos. ❒ neg.
						HC-AK		❒ pos. ❒ neg.

DIALYSIS CENTRE / UNIT: _____ ☎: _____

Physician in charge: _____ Fax: _____

_____ _____

Date: Signature physician