

Size of needles:

Patient information sheet

Identification data
Patient's name:
Age: Sex: Date of Birth: / / (Y/M/D)
Home address:
Home phone: (Japan)
Medical insurance:
Dialysis date requested: / / $(Y/M/D)$ ~ (The last HD in our hospital is performed
in / / (Y/M/D))
Arrival date: / / (Y/M/D)
Departure date:
Hotel or local address:
Visiting phone number:
General treatment information
ESRD diagnosis:
Patient's secondary diagnosis:
Past history:
Contagious disease:
History of clinical hepatitis:
History of diabetes:
Allergies:
Home medications:
Medications received during dialysis:
Hemodialysis data
Initial dialysis date:
Dialysis per week:
Hours per treatment:
Dialyzer:
Dialysate:
Type of needles:



Vascular access:					
Condition of Vascular access:					
Blood flow rate:					
Venous outlet pressure:					
Usual UFR/TMP:					
Heparinizaion:	Hourly dose:				
Dry weight:	Average weight gair	n:			
Average BP: Pre Dialysis:	Post dia				
Unusual events/problems during dia	alysis and comments:				
Laboratory data					
Other medical information					
History of operations:					
ECG (EKG) readings:					
Chest X-ray result:					
Evidence of TB on Chest X-ray:					
Pertinent psychosocial issues:					
Level of activity:					
Summary of past and current proble	ems or complications:				
Name of the clinic: Reiseikai Medica	al Corporation Shinaga	wa garder	n clini	c	
Name of Attending Physician:					
Last First	Title				
Address: 1-20-3 Osaki Shinagawa	ku Tokyo Japan				
TEL: (Japan) 03-3779-4970 FAX:	(Japan) 03-3779-2345				
E-mail: info@gardenclinic.org					
I certify that the information	given regarding Mr.(Ma	$_{ m S})$	is	corre	ect.
		Date:	/	/	(Y/M/D)
Signature _					