

PATIENT TRAVELLING APPLICATION FORM

(A) Patient From:

Country / Center Name:

Contact Name (Center Staff):

Phone:

Fax

E-mail:

(B) Patient Particulars:

Patient Name *(Please underline surname)*:

Nationality:

Date of Birth *(dd/mm/yyyy)*:

Gender: Male Female

NRIC / Passport:

Passport Expiry *(dd/mm/yyyy)*:

Contact No:

Overseas Contact No:

Fax:

E-mail:

Occupation:

Address:

Emergency Contact:

Relation to Patient:

(C.1) Patient Flight Itinerary:

Date <i>(dd/mm/yyyy)</i>	From:	Flight No.	Departure Time	Arrival Time
	To:			

(C.2) Return Flight:

Date <i>(dd/mm/yyyy)</i>	From:	Flight No.	Departure Time	Arrival Time
	To:			

(D) Accommodation:

When to when:

Add 1:

Period

Add 2:

Period

(E) Treatment *(Please give sometime allowance, e.g. from 0.800am – 12.00 noon or 1.00pm – 5.00pm)*:

1. Date		A.M.		P.M.	
2. Date		A.M.		P.M.	
3. Date		A.M.		P.M.	
4. Date		A.M.		P.M.	

(F) Diagnosis:

Renal

Extra-Renal

* Allergies

Yes

No

Not Known

If Yes, *Please specify*

(G) Specific Haemodialysis Data:

Date Dialysis Initiated

No. of Sessions Per Week

Dry Weight (kg)	Height (cm):		Body Mass Index:			
* Type of Dialyser		Duration		Hrs		
Vascular Access						
Type of Needle						
Blood Flow Rate (ml/min)						
Dialysate Flow Rate (ml/min)						
* Heparin Dose	Initial		Units	Hourly Dose	Units	
	Tinza		Units			
Bicarbonate	Low Calcium <input type="checkbox"/>		Normal Calcium <input type="checkbox"/>			

(H) Unusual Events / Problems During Dialysis and Comments:

(I) * Valid Laboratory Data (within one month)

HBs Antigen		Serum Bicarbonate		mmol / l	
HBs Antibody		Glucose		mmol / l	
Anti-HIV		Urea (Pre):	mg / dL	Urea (Post):	mg / dl
Anti-HCV Antibody		Urea Reduction ratio:		%	
Haemoglobin		g / dL	Kt/V		
Serum Sodium	mmol / l	Serum Creatinine		mg / dL	
Serum Potassium	mmol / l	Serum Calcium		mg / dl	
Serum Chloride	mmol / l	Serum Phosphate		mg / dl	
Serum Ferritin	ug / l	Serum Uric Acid		mg / dl	
Serum Iron	ug / dL	Serum Albumin		g/dl	
% TSAT		iPTH		pmol/L	
Others					

I declare that all information stated above is true.

Name & Signature / Date & Time

I, _____ NRIC No / Passport _____, have read, understood and accepted the scheduled appointment arranged by Raffles Dialysis Centre.

Name and Signature of Applicant

Date & Time

*** Fill up all the information where asterisk are used.**