



Renal Bloom Hemodialysis Center
29, Mohamed Yousef Mousa St., Nasr City
Cairo, Egypt
Tel.: +2 0127 4888 865
Email: aberhalim@hotmail.com

Sure name:	First name:	DOB:
Gender:	Marital status:	Nationality:
Phone:	Email:	

Date:

Personal & General DATA:

Home Address:		
Occupation:		
Duration of stay:	Starting session:	Last session:
Address in Egypt:		
Preferred Days of treatment: (If available)		
<input type="checkbox"/> Sat-Mon-Wed	<input type="checkbox"/> Sun-Tue-Thu	<input type="checkbox"/> Every other day
Preferred Dialysis Shift: (If available)		
<input type="checkbox"/> Morning (starting 09:00)	<input type="checkbox"/> Afternoon (starting 13:00)	<input type="checkbox"/> Night (starting: 17:00)
Hemodialysis Modality: <input type="checkbox"/> HD <input type="checkbox"/> HDF		

Medical DATA:

Etiology of ESRD:
Date of starting renal replacement therapy:
Diagnosis other than ESRD & Associated medical conditions: - - - -
Specific Allergy (Drug or others)

Hemodialysis related DATA:

Number of treatment/Week:	Prescribed time:
Treatment modality: - HD (High Flux) - HDF	
- Dialyzer: - Surface Area: - Membrane type: -	
Blood Flow:	Dialysate Flow:
Blood Pressure: - Before dialysis: - After dialysis:	Dry Weight:
Usual weight gains in between sessions:	Usual ultrafiltration rate (ml/hr.)
Dialysate prescription: - Na: - K: - Cl: - Bicarbonate: - Ca: - Mg: - Glucose: - Acetate:	
In case of HDF: - Pre or Post Dilution: - Substitution Volume: - Substitution rate:	
Anticoagulation: - Type: - Trade name: - Bolus: - Maintenance units/hr.: - If pump: (Discontinuation time before end of the session)	
Complication during dialysis session:	
Medication(s) during dialysis: - EPO.: - Iron: - Others:	
Specific recommendations (If Any):	

Resent Laboratory results:

Sodium:	Potassium:	Total Calcium:	Phosphorus:
Creatinine:	B. Urea:	Blood Group:	Rh factor:
PT:	PTT:	PC:	INR:
PTH:	Alk. Phosphatase:	Albumin:	S. Iron:
Ferritin:	TIBC:	CRP:	ESR:
HBs Ag:	HBs Ab:	HCV Ab:	HIV Ab:
Hemoglobin:	HCT:	TLC:	Plat:

Resent Radiological or other results: (If any)

Echo	
ECG	
CT	
Ultrasonography	
MRI	
Others	

Current Medication:

Medication	Concentration	Dose

Notes:

- Renal Bloom Hemodialysis Center doesn't accept Hepatitis B or HIV positive, as well as pediatric cases under 12 years' old.
- Virology markers will be performed before the first session, beside, any laboratory or radiological investigations required by Renal Bloom consultants will be requested and billed to the patient.
- If EPO, IV Iron, Vit. D, or any other extra medication is prescribed during the dialysis session, the patient should acquire it from their respective hospital/clinic/dialysis unit/pharmacy prior to arrival at Renal Bloom Hemodialysis center.
- The report should be completed and signed by the responsible physician.

Physician Name

Signature