

Haemodialysis Transfer Form

Name of Patient / MRN
(Affix Addressograph label here)

Transfer date & nurse (TSH fax no. 9540-8666/4W 9113-3872).....

Reason for admission/transfer:

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

Discharge information: see RISCdoc

Dialysis Details & Vascular access: see RISC

Blood results: see powerchart

Medications: attach list

Transplant list: Yes / No

Date of last tissue typing:

Allergy.....

NFR No Yes (copy of order)

Multi-Resistant Organism/ VRE / Infection Alert:

No Yes Type / Site:

Date first diagnosed:.....

Fe Regime: last reviewed.....Last given:

Aranesp / EPO: last reviewed Last given:

Additional Information / complications during hdx/special diet:

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ITEMS ATTACHED FOR PERMANENT TRANSFERS

Last hdx sheet	<input type="checkbox"/>
Serology form	<input type="checkbox"/>
Personal details form	<input type="checkbox"/>
VA chart	<input type="checkbox"/>