



Checklist for haemodialysis registration

Application and all information must be written in English or Chinese only and received minimum one month prior to intended visit.

All patients are required to provide the following information to our Centre and complete the admission form.

Appointments will not be confirmed until after receipt of all forms.

- Medical History (including any allergies)
- Hepatitis B antigen lab result
- Hepatitis B core lab result
- Hepatitis C antibody lab result
- HIV lab result
- Kidney function test results
- Liver function test results
- Hemoglobin results
- The two most recent haemodialysis reports
- Doctor's Referral Letter
- List of current medications (if application)
- Currently treatment plan/ schedule for haemodialysis



Overseas Patient Admission Form

PERSONAL INFORMATION

Name in English _____ (First Name) _____ (Last Name)

Date of Birth _____ Age _____

Sex _____ Telephone no. _____

Email _____ Home no. _____

Place of origin _____

Primary hospital _____

Hospital Contact name _____

Email address _____

Telephone _____

Emergency contact _____

Emergency contact mobile _____

How did you hear about our centre? internet / friends / other dialysis centre / others: _____

HOLIDAY DIALYSIS INFORMATION

Date of first treatment _____

Date of last treatment: _____

Total number of treatments : _____

Preferred days and times (not guaranteed): _____

Address (or Hotel Name) in HK: _____

Contact number in HK: _____

Please send us the admission form with: 1. Doctor referral letter listed medical history and drugs currently received, 2. The last two HD treatment report, 3. The latest laboratory test result of kidney function, liver function, hemoglobin, hepatitis B, hepatitis C and HIV, 4. Patient consent form to office@polccf-dialysis.org .



Consent of treatment

Dr. _____ (name of specialist) has referred me to POLCCF Dialysis Centre for haemodialysis treatment on a continuing basis and we have discussed my present condition and the various ways in which it might be treated, including haemodialysis.

The doctor has told me that the treatment carries some risks and that complications may occur.

I have had the opportunity to ask question of the doctor and I am satisfied with the explanation and the answers to my questions. I understand that I may withdraw my consent.

I request and consent to haemodialysis treatment on an ongoing basis.

Signature of patient: _____

Name of patient: _____

Date: _____