

Welcome to Sils Dialysis!



If you would like to have your dialysis treatment with us, please contact us directly at info@silsdialysis.com as soon as you have your dates. It is very important that you book with us at least three weeks prior to your first dialysis treatment. There are four documents attached to this file (1 – 4 below) that we will need filled in by yourself and your present treatment provider:

1. Personal Information Form
2. Enclosures Form
3. Treatment Orders
4. Consent Form

Please send the above forms back to us completed at least three weeks before your first scheduled treatment.

Our rates will be communicated to you once you indicate your initial interest and the number of treatments you are planning to have with us. Please note that the rates will not cover emergency care costs that may be required. A deposit to secure your booking will be required and we will notify you of the amount once the dates have been set. If you have had any hospital admissions/procedures or change of management after booking with us or within one month of your departure date you should seek advice re: travel from your nephrologist.

We also offer a pickup service from the airport to your hotel and transport service to and from your hotel to our clinic at an affordable rate. Please contact me if you wish to take advantage of this offer. If you have any further questions or queries please do not hesitate to contact me. We truly do look forward to serving you!

Kind Regards,

Medical Office Manager
Keisha Lynch



Personal Information Form

Patient Name _____

Citizenship _____

Place of Birth _____

Date of Birth _____

Gender _____

Home Address _____

Mobile/Home Phone _____

Work Mobile/Phone _____

Email Address _____

Vacation Address _____

Vacation Phone _____

Emergency Contact _____

Exact Treatment _____

Dates _____

Preferred Treatment Time 05:30 10:30 14:00

Referring Dialysis Unit Information	_____	Contact Nurse	_____
	_____	Social Worker	_____
Referring Unit Name & Phone	_____	Nephrologist	_____
	_____	Key Contact Phone	_____



Enclosures Form

ENCLOSURES

- Standing Orders
- Problem List
- Medication Record (include both Home and in-centre lists)
- Patient Care Plan (within last 6 months)
- Progress Notes

DIAGNOSTIC TEST (COPIES OF THE FOLLOWING):

- Chest x-ray (within 6 months)
- MRSA Swabs (Nasal, CVC site and any wound site, within 3 weeks)
- EKG (within last 6 months)
- Hepatitis B (within last 2 months)
- Hepatitis C (within last 2 months)
- HIV (within last 6 months)
- Recent Lab results (CBC, Lytes, Ur, Cr, AST, ALT, Ca Ph, and Alb)
- Last three dialysis treatment records
- Allergies, sensitivity to food or inanimate material/matter
- When was the last time that access was evaluated for blockages?

Referral form completed by:

Signature

Title

Date



Treatment Orders

In Centre Hemo _____ Self-care _____ Home _____ Other _____
Dialyzer _____ Kuf _____ Surface Area _____
Times per week _____ Prescribed Treatment Time _____ Dialysate Rx:
K+ _____ CA++ _____ Ramp Sodium _____ to _____ Heparinization:
Bolus _____ Hourly _____ Discontinue at _____
Dry Weight: _____ Kg.

VASCULAR ACCESS

Vascular Access Type _____ Location _____
Usual Blood Flow _____
Usual Arterial Pressure _____ Usual Venous Pressure _____
Needle Gauge _____ Local Anesthetic _____
Other Special Cannulation Considerations i.e. self-cannulation: _____
Vascular Catheter special flush instructions: _____

MEDICATIONS

Medications on Dialysis:

Name: _____

Home Medication List: _____

Allergies: _____



Consent Form

I _____ hereby consent to undergo hemodialysis at Sils Dialysis Clinic. I understand that the procedure and my care will conform to the Association for the Advancement of Medical Instrumentation (AAMI) and the Centre of Disease Control (CDC Atlanta, Georgia, USA).

I understand my health record shall be confidential, and no one will have access to it without my consent except health care staff involved in my care and health authorities specified by law.

I understand dialyzers, tubing and needles utilized in the provision of my hemodialysis therapy will not be reused or would not have been reused.

I further understand that by granting my consent for dialysis at Sils that I agree to release Sils Services Ltd., its staff and associates from any liability for any complications arising from the dialysis treatment or medical conditions that may occur between treatments.

I acknowledge that I have read the consent form and all other information regarding my dialysis treatment at Sils Services Ltd. and agree to comply with all policies and procedures.

Signature of Witness

Signature of Patient

PRINT NAME

PRINT NAME