Dialysis History and Physical

Patient:_____ Date:_____ Sex: M_F_ DOB:_____

Age: _____ EDW:_____ Ht:_____ Doctor:_____ _Date first dialysis_____

DX:_____ Hypertension Y_ N_ ____ yrs. Diabetes I_ II_ Y_ N_ ____ yrs.

HPI:

Past History:

FH:
SH:
ROS:

Modality interests: Transplant Y_ N_. Nocturnal Y_ N_. PD Y_ N_. Home hemo Y_ N_.
If Diabetes Mellitus: Glucose: HgbA1c:_____ Monitors Glucose: Y_ N_.

Access_____Surgeon:_____Flowtrend: +_ -_ This month_____Last_____
Adequacy: Rx time_____URR_____Kt/V_____Dialyzer_____Needle_____
Anemia: Hct:_____ Epogen:_____Iron:_____Ferritin:_____EPO/HCT___
Vasular Calcification: Current bPTH:_____ Ca___P04____
Nutrition: Appetite:___ _Current Albumin:_____ Wt loss:____Supplement:_____
Fluid gains: ____DW change needed?____

Exam:
Vital Signs:
BP_____ Temp_____ Pulse_____ Respirations_____
General appearance:
HEENT:
Neck:
Lymph nodes:
Lungs:
Heart:
Abd:
Extremities/Neuro:

Meds:See chart

Comments:

Patient followed by PCP for HEDIS needs:___yes___no
Statin_____Folate_____Pneumovax_____Flu shot____hepatitis vac status_____
PCP_____Cardiologist_____Other_____

M.D. Name_____Signature:_____Date