|  |  |
| --- | --- |
| **Anmeldung zur Dialyse****Inscription à la dialyse****Prenotazione per la dialisi****Application for dialysis treatment** | Logo_IG_Nephrologische |

***Bitte dieses Formular möglichst vor der ersten Dialyse an das Dialysezentrum senden*** [ ]  ***6 Wochen***

***Prière de renvoyer ce formulaire au centre de dialyse avant la première dialyse*** [ ]  ***10 semaines***

***Si prega di rinviare questo formulario al centro dialisi prima dell’ inizio della dialisi*** [ ]  ***12 settimane***

***Please send application form to dialysis center bevor your first dialysis weeks***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NameNomCognomeSurname |  |  | VornamePrénomNomeForename |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Geburtsdatum Date de naissanceData di nascitaDate of Birth |  | Ferien – AdresseAdresse de vacancesIndirizzio durante le vacanzeAddress during holiday | DialysezentrumCentre de dialyseCentro dialisiDialysis unit |
| Privatadresse/ MailAdresse privéeIndirizzoHome address**……………..** |  |  | Mail: Fax : |
| StrasseRueViaStreet |  |  |  |
| PLZ /OrtNP / LieuNP / LocalitàPostcode / Town |  |  |  |
| Telefon / MobileTéléphone / MobileTelefono /Mobile:Phone / Selfphone |  |  |  |

|  |  |
| --- | --- |
| **Person, die im Notfall verständigt werden soll / Tel.Personne à aviser en cas d’urgence / tél.Persona da avvisare in caso d’urgenza, tel.Person to inform in an emergency / phone** |  |

|  |  |
| --- | --- |
| **Krankenkasse (Versicherungs-Nr. )Caisse maladie ( Numero d assuré)Cassa malattia ( Numero d assicurazione)Health insurance ( Insurance Number. )** |  |

***Ihr Dialysezentrum / Votre centre de dialyse / Il vostro centro dialisi / Your dialysis unit***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spital, Adresse, Telephon, Fax MailHôpital, Adresse, Téléphone, Fax MailOspedale, Indirizzo, Telefono, Fax MailHospital, Address, Phone, Fax Mail** |  |  | **ArztMédecinDottorePhysician** |  |

***Dialyse / Dialyses / Dialisi / Dialysis***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gewünschter TerminData désiréeData desiderataDate preferred** | **vonde****dalfrom** |  | **bisàalto** |  |  | **Gewünschte ZeitHeure désirée****Ora desiderataTime preferred** | **MorgenMatin****MattinaMorning** | [ ]  | **NachmittagAprés-midiPomeriggioAfternoon** | [ ]  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gewünschte TageJours désirésGiorni desideratiDays preferred** | **Montag****LundiLunedìMonday** | [ ]  | **DienstagMardiMartedìTuesday** | [ ]  | **MittwochMercrediMercoledìWednesday** | [ ]  | **DonnerstagJeudiGiovedìThursday** | [ ]  | **FreitagVendrediVenerdìFriday** | [ ]  | **SamstagSamediSabatoSaturday** | [ ]  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Anzahl Dialysen / WocheTraitements par semaineFrequenza settimanale della dialisiDialysis sessions / week** |  | **HDF** | [ ]  **Post** [ ]  **SN** [ ]  |  | **Dauer DialyseDurée traitementDurata dialisiDuration session** |  | **StundenHeuresOre****Hours** |
| **HD** | [ ]  **Prä** [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Haben Sie schon einmal bei uns dialysiert ?Avez-vous déjà été dialysé(e) chez nous ?Ha già fatto dialisi da noi ?Have you already dialysed at our unit ?** | **JaOuiSiYes** | [ ]  | **NeinNonNoNo** | [ ]  | **Wenn ja, in welchem Jahr ?Si oui, en quelle année ?Se si, in quale anno ?If yes, which year ?** |  |

***Medizinische Daten / Données médicales / Dati medicini / Medical dates***

***BITTE FOLGENDE KOPIEN BEILEGEN:***

* **Diagnose / Laborwerte / Infektparameter (HBs-AK / HBs-Antig. / Anti-HCV / HIV-AK) / Medikamentenliste, Shuntblatt/ Foto**

***Veuillez joindre la copie:***

* **Diagnostics / Résultats de laboratoire/ Parametre infectieuse (HBs-AC / HBs-Antig. / Anti-HCV / HIV) / Liste des medicaments/ Feuille de fistule/ Foto**

***Si prega di ALLEGARE I SEGUENTI REFERTI:***

* **Diagnosi / Risultati del sangue / Parametri infettivi (HBs-Ac / HBs-Antig. / Anti-HCV / HIV-AC) / Lista medicinali / Foglio di fistula / Fotografia**

***Please enclose COPYs of:***

* **Diagnosis / Laboratory results / Infection status (HBs-AB / HBs-Antig. / Anti-HCV / HIV-AB) / Medication plan / Sheet of Shunt / Fotography**

|  |
| --- |
| **Allergien / Allergies / Allergie / Allergies Anderes / Autres / Altri / Others**  |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dialyse seitDialyse depuisDialisi daOn dialysis since** |  |  | **TransplantationslisteListe de transplantationLista per il trapiantoTransplant list** | **JaOuiSiYes** | [ ]  | **NeinNonNoNo** | [ ]  |

***Gefässzugang / Accès vasculaire / Accessso vascolare / vascular access***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KatheterCathéterCatetereCatheter | [ ]  | Typ / Lokalisation Type / localisationTipo / luogoType / localisation |  | Perm Kath. [ ]  | AndereAutres AltriOthers  | [ ]  | rechts droite destraright | [ ]  | links gauchesinistraleft | [ ]  |
| FüllvolumenHéparinisationEparinizzazioneHeparinisation | arteriellartérielarteriosaarterial |  | ml | venösveineuxvenosavenous |  | ml | MedikamentMédicamentsMedicinaliMedication |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FistelFistuleFistolaShunt | [ ]  | Typ / LokalisationType / localisationTipo / localizzazioneType / localisation |  | BlutflussDébit sanguinFlusso sangueBlood flow |  | ml/min. | UF-ProfilProfil-UFUF-ProfiloUF-Profile |  |
| NadelAiguilleAgoCannula | **15** [ ] **16** [ ] **17** [ ]  | **G** | 1 NadelPonction uniqueSingle NeedleSingle Needle | [ ]  | BemerkungenRemarquesOsservazioneRemarks |  | Na-ProfilProfil-SodiumSodio-profiloSodium-Profile |  |

***Filter / Filtre / Filtro / Dialyser***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DialysatorFiltreFiltroDialyser |  | Material der MembraneType de membraneTipo di membranaType of membrane |  | OberflächeSurfaceSuperficieSurface |  | m2 |

***Dialysat / Dialysat / Liquido di dialisi / Dialysate***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BikarbonatBicarbonatBicarbonatoBicarbonate |  | mmol/l | NatriumSodiumSodioSodium |  | mmol/l | KaliumPotassiumPotassioPotassium |  | mmol/l | KalziumCalciumCalcioCalcium |  | mmol/l | GlukoseGlucoseGlucosioGlucose |  | g/l |

***Antikoagulation / Anticoagulation / Antikoagulazione / Anticoagulation***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HeparinHéparineEparinaHeparin | initialinitialinizialeinitial |  | IU | kont.continuall’oracont. |  | IU |  | LMWH initialLMWH initialLMWH inizialeLMWH initial |  |

***Vitalparameter / Paramètres vitaux / Parametri vitali / Vital signs***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TrockengewichtPoids de basePeso seccoDry weight |  | kg |  | BlutzuckerMesurer la glucose Misurare la glicemia Measure blood glucose  | vor, avant, prima, before | [ ]  | nach, après, dopo, after | [ ]  |

|  |
| --- |
| Bemerkungen / Remarques / Note / Comment |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Datum / Date / Data / Date*** |  | ***Unterschrift / Signature / Firma / Signature*** |