|  |  |
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| **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***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name Nom Cognome Surname |  |  | Vorname Prénom Nome Forename |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Geburtsdatum  Date de naissance Data di nascita Date of Birth |  | Ferien – Adresse Adresse de vacances Indirizzio durante le vacanze Address during holiday | Dialysezentrum Centre de dialyse Centro dialisi Dialysis unit |
| Privatadresse/ Mail Adresse privée Indirizzo Home address **……………..** |  |  | Mail:  Fax : |
| Strasse Rue Via Street |  |  |  |
| PLZ /Ort NP / Lieu NP / Località Postcode / Town |  |  |  |
| Telefon / Mobile Téléphone / Mobile Telefono /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 Mail Hôpital, Adresse, Téléphone, Fax Mail Ospedale, Indirizzo, Telefono, Fax Mail Hospital, Address, Phone, Fax Mail** |  |  | **Arzt Médecin Dottore Physician** |  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gewünschter Termin Data désirée Data desiderata Date preferred** | **von de**  **dal from** |  | **bis à al to** |  |  | **Gewünschte Zeit Heure désirée**  **Ora desiderata Time preferred** | **Morgen Matin**  **Mattina Morning** |  | **Nachmittag Aprés-midi Pomeriggio Afternoon** |  |

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| **Gewünschte Tage Jours désirés Giorni desiderati Days preferred** | **Montag**  **Lundi Lunedì Monday** |  | **Dienstag Mardi Martedì Tuesday** |  | **Mittwoch Mercredi Mercoledì Wednesday** |  | **Donnerstag Jeudi Giovedì Thursday** |  | **Freitag Vendredi Venerdì Friday** |  | **Samstag Samedi Sabato Saturday** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Anzahl Dialysen / Woche Traitements par semaine Frequenza settimanale della dialisi Dialysis sessions / week** |  | **HDF** | **Post  SN** |  | **Dauer Dialyse Durée traitement Durata dialisi Duration session** |  | **Stunden Heures Ore**  **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 ?** | **Ja Oui Si Yes** |  | **Nein Non No No** |  | **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 seit Dialyse depuis Dialisi da On dialysis since** |  |  | **Transplantationsliste Liste de transplantation Lista per il trapianto Transplant list** | **Ja Oui Si Yes** |  | **Nein Non No No** |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Katheter Cathéter Catetere Catheter |  | | Typ / Lokalisation  Type / localisation Tipo / luogo Type / localisation | | |  | | Perm Kath. | | | Andere  Autres  Altri  Others | |  | rechts droite  destra  right | |  | links  gauche  sinistra  left |  |
| Füllvolumen Héparinisation Eparinizzazione Heparinisation | | arteriell artériel arteriosa arterial | |  | ml | | venös veineux venosa venous | |  | ml | | Medikament Médicaments Medicinali Medication | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fistel Fistule Fistola Shunt | |  | | Typ / Lokalisation Type / localisation Tipo / localizzazione Type / localisation | |  | | Blutfluss Débit sanguin Flusso sangue Blood flow |  | ml/min. | UF-Profil Profil-UF UF-Profilo UF-Profile |  |
| Nadel Aiguille Ago Cannula | **15**  **16**  **17** | | **G** | 1 Nadel Ponction unique Single Needle Single Needle |  | Bemerkungen Remarques Osservazione Remarks |  | | | | Na-Profil  Profil-Sodium Sodio-profilo Sodium-Profile |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dialysator Filtre Filtro Dialyser |  | Material der Membrane Type de membrane Tipo di membrana Type of membrane |  | Oberfläche Surface Superficie Surface |  | m2 |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bikarbonat Bicarbonat Bicarbonato Bicarbonate |  | mmol/l | Natrium Sodium Sodio Sodium |  | mmol/l | Kalium Potassium Potassio Potassium |  | mmol/l | Kalzium Calcium Calcio Calcium |  | mmol/l | Glukose Glucose Glucosio Glucose |  | g/l |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heparin Héparine Eparina Heparin | initial initial iniziale initial |  | IU | kont. continu all’ora cont. |  | IU |  | LMWH initial LMWH initial LMWH iniziale LMWH initial |  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trockengewicht  Poids de base  Peso secco  Dry weight |  | kg |  | Blutzucker  Mesurer 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*** |