

# Hemodialysis Information

<b>Date Completed</b>				
<b>I. The Treatment Centre Where You Usually Get Your Care</b>				
<b>Name of Centre</b>				
<b>Address</b>				
<b>Phone</b>				
<b>Family Physician's Name</b>				
<b>Nephrologist's Name</b>				
<b>Other Important Information and Phone Numbers</b>				
<b>II. Usual Dialysis Prescription</b>				
<b>Dialyzer</b>				
<b>Dialysate</b>	Ca _____ K _____ Na _____ Bicarbonate _____			
<b>Dialysis hours</b>		<b>Dialysis treatments /week</b>		<b>Dry Weight</b>
<b>Blood Flow Rate mL/min</b>				
<b>Heparinization</b>	Loading dose: _____ Hourly rate: _____ u/hr D/C: _____			
<b>III. Type of Vascular Access and Location</b>				
Central Line: _____ Graft: _____ Fistula: _____ Location: _____				
CVC Line Block: _____ Length: _____				

