# Anmeldung zur Feriendialyse

**Inscription pour des dialyses en vacances**

**Iscrizione per dialisi in vacanze**

**Application for dialysis treatment on holidays**

*Bitte möglichst 5 Wochen vor der ersten Dialyse an das Feriendialysezentrum senden*

*Prière de renvoyer ce formulaire au centre de dialyse de vacances 5 semaines avant la première dialyse*

*Si prega di rinviare questo formulare al centro dialisi del luogo di vacance 5 settimane prima dell’ inizio della dialisi*

*Please send application form to holiday dialysis unit 5 weeks prior to your first dialysis*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | |
| Nom |
| Cognome |
| Name |
|  | | | |  | |  | | | | |
| Vorname |  | | | | | |  | | Geburtsdatum |  |
| Prénom |  | | Date de naissance |
| Nome |  | | Data di nascita |
| First name |  | | Date of birth |
| *Wohnort/Domicile/Domicilio/Domicile* | | | |  | | *Ferien/Vacances/Vacanze/Holidays* | | | | |
| Strasse | |  | |  | | Strasse | |  | | |
| Rue | |  | | Rue | |
| Via | |  | | Via | |
| Street | |  | | Street | |
| PLZ/Ort | |  | |  | | PLZ/Ort | |  | | |
| NP/Lieu | |  | | NP/Lieu | |
| NP/Località | |  | | NP/Località | |
| Place | |  | | Place | |
| Telephon / Fax | |  | |  | | Telephon | |  | | |
| Téléphone / fax | |  | | Téléphone | |
| Telefono / fax | |  | | Telefono | |
| Phone / fax | |  | | Phone | |
|  | | | |  | |  | | | | |
| Person, die im Notfall verständigt werden soll/Tel. | | |  | | | | | | | | |
| Personne à aviser en cas d’urgence/tél. | | |
| Persona da avvisare in caso di urgenza, tel. | | |
| Person to inform in an emergency/phone | | |
|  | | | | |  | | | | | | |
| Krankenkasse (Name, Adresse) | | |  | | | | | | | | |
| Assurance-maladie (nom, adresse) | | |
| Cassa malati (nome, indirizzo) | | |
| Health insurance (name, address) | | |

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| ***Ihr Dialysezentrum/Votre centre de dialyse/Il vostro centro dialisi/Your dialysis unit*** | | | | |
|  |  |  |  |  |
| Spital, Adresse, Telephon, Fax |  | Arzt |
| Hôpital, adresse, téléphone, fax |  | Médecin |
| Ospedale, indirizzo, telefono, fax |  | Dottore |
| Hospital, address, phone, fax |  | Physician |
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| ***Feriendialyse/Dialyses en vacances/Dialisi in vacance/Dialysis on holiday*** | | | | | | | | | | |
| *Gewünschter Termin Date désirée Data desidera Date preferred* | von de dal from |  | bis à al to |  |  | *Gewünschte Zeit L'heure désirée Ora desiderata Time preferred* | Morgen Matin Mattina Morning |  | Nachmittag Après-midi Pomerigio 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 | |  |
|  | |  | | | | | | | |  | |  | | | | | |  | | | | |
| *Anzahl Dialysen/Woche* | |  | | | | | | | |  | | *Dauer/Dialyse* | | | | | |  | | | Stunden | |
| *Traitements/semaine* | |  | | *Durée/traitment* | | | | | | heures | |
| *Dialisi/settimana* | |  | | *Durata/dialisi* | | | | | | ore | |
| *Dialysis sessions/week* | |  | | *Duration/session* | | | | | | hours | |
|  | |  | | | | | | | |  | |  | | | | | |  | | | | |
| *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 in our unit?* | | | | | | Ja Oui Si Yes | |  | Nein Non No No | | | | |  | Wenn ja, in welchem Jahr? Si oui, en quelle année? Se si, quale anno? If yes, in which year? | | | | | |  | |

***Medizinische Daten/Données médicales/Dati medici/Medical datas***

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| Diagnosen/Diagnostic/Diagnosi/Diagnosis |
| **s. Beilage** |
| Allergien/Allergies/Allergie/Allergies |

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| HB-s-AK |  | HB-s-Antig. |  | HIV-AK |  | Anti-HCV |  |
| HB-s-AC | HB-s-Antig. | HIV-AC | Anti-HCV |
| HB-s-Ac | HB-s-Antig. | HIV-AC | Anti-HCV |
| HB-s-AC | HB-s-Antig. | HIV-AC | Anti-HCV |

⇨ *Bitte Kopie der letzten Laborresultate beilegen (nicht älter als 6 Wochen!)*

⇨ *Veuillez joindre la copie des derniers résultats sanguins (ne pas plus anciens que 6 semaines!)*

⇨ *Si prega aggiungere gli ultimi resultati del sangue (non più vecchi di 6 settimane)*

⇨ *Please enclose your last blood results (no older than 6 weeks!)*

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| *Dialyse seit Dialyse depuis Dialisi da On dialysis since* |  |  | *Transplantationsliste Liste de transplantation Lista di trapianti Transplant list* | Ja Oui Si Yes |  | Nein Non No no |  |

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| *Gefässzugang/Accès vasculaire/Accesso vascolare/vascular access* | | | | | |
| Katheter Cathéter Catetere Catheter |  | Typ/Lokalisation Type/localisation Tipo/luogo  Type/localisation |  | | |
| Füllvolumen Héparinisation Eparinizzazione Heparinisation |  | Arteriell  Artère Arteriosa Arterial | ml | Venös Veine Venosa Venous | ml |
| (IU/ml) | (IU/ml) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Fistel Fistule Fistola Shunt |  | Typ/Lokalisation Type/localisation Tipo/lougo  Type/localisation | |  | | | |
| Nadel Aiguille Ago cannula |  | Gauge | 1-Nadel Uniponcture Single Needle Single Needle | |  | Bemerkungen Remarques Osservazione Remarks |  |

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| *Filter/Filtre/Filtro/Dialyser* | | | | | |
| Dialysator Filtre Filtro Dialyser |  | Material der Membran Type de membrane Tipo di membrano Type of membrane |  | Oberfläche Surface Superfice Surface | m2 |

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| *Dialysate/Dialysat/Liquido di dialisi/Dialysate* | | | | | | | | | | | |
| Azetat Acetat Acetato Acetate |  | Bikarbonat Bicarbonat  Bicarbonato Bicarbonate |  | Natrium Sodium Sodio Sodium | mmol/l | Kalium Potassium Potassio Potassium | mmol/l | Kalzium Calcium Calio Calcium | mmol/l | Glukose Glucose Glucosio Glucose | g/l |

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| *AntikoagulationAnticoagulation/Anticoagulazione/Anticoagulation* | | | | | | | |  |  |  |
| Heparin Héparine Eparina Heparin |  | Fragmin Fragmin Fragmin Fragmin |  | initial charge iniziale Bolus | IU | kont. entretien  all’ora cont. | IU |

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| *Blutdruck/Tension artérielle/pressione del sangue/Bloodpressure* | | | |  |  |  |
| vor Dialyse avant la dialyse  prima della dialisi  before dialysis |  | nach Dialyse après la dialyse dopo la dialisi after dialysis |  |  | *Trockengewicht  Poids de base Peso secco Dry weight* | kg | |

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| Bemerkungen/Remarques/Nota/Comments |
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| --- | --- | --- |
| *Datum/Date/Data/Date* |  | *Unterschrift/Signature/Firma/Signature* |