# 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*

|  |  |
| --- | --- |
| 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 TerminDate désiréeData desideraDate preferred* | vondedalfrom |  | bisàalto |  |  | *Gewünschte ZeitL'heure désiréeOra desiderataTime preferred* | MorgenMatinMattinaMorning | [ ]  | NachmittagAprès-midiPomerigioAfternoon | [ ]  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Gewünschte TageJours désirésGiorni desideratiDays preferred* | MontagLundiLunedìMonday | [ ]  | DienstagMardiMartedìTuesday | [ ]  | MittwochMercrediMercoledìWednesday | [ ]  | DonnerstagJeudiGiovedìThursday | [ ]  | FreitagVendrediVenerdìFriday | [ ]  | SamstagSamediSabatoSaturday | [ ]  |
|  |  |  |  |  |
| *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?* | JaOuiSiYes | [ ]  | NeinNonNoNo | [ ]  | 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***

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 seitDialyse depuisDialisi daOn dialysis since* |  |  | *TransplantationslisteListe de transplantationLista di trapiantiTransplant list* | JaOuiSiYes | [ ]  | NeinNonNono | [ ]  |

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| *Gefässzugang/Accès vasculaire/Accesso vascolare/vascular access* |
| KatheterCathéterCatetereCatheter | [ ]  | Typ/LokalisationType/localisationTipo/luogoType/localisation |  |
| FüllvolumenHéparinisationEparinizzazioneHeparinisation |  | ArteriellArtèreArteriosaArterial |  ml | VenösVeineVenosaVenous |  ml |
|  (IU/ml) |  (IU/ml) |

|  |  |  |  |
| --- | --- | --- | --- |
| FistelFistuleFistolaShunt | [ ]  | Typ/LokalisationType/localisationTipo/lougoType/localisation |  |
| NadelAiguilleAgocannula |  | Gauge | 1-NadelUniponctureSingle NeedleSingle Needle | [ ]  | BemerkungenRemarquesOsservazioneRemarks |  |

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| --- |
| *Filter/Filtre/Filtro/Dialyser* |
| DialysatorFiltreFiltroDialyser |  | Material der MembranType de membraneTipo di membranoType of membrane |  | OberflächeSurfaceSuperficeSurface | m2 |

|  |
| --- |
| *Dialysate/Dialysat/Liquido di dialisi/Dialysate* |
| AzetatAcetatAcetatoAcetate | [ ]  | BikarbonatBicarbonatBicarbonatoBicarbonate | [ ]  | NatriumSodiumSodioSodium | mmol/l | KaliumPotassiumPotassioPotassium | mmol/l | KalziumCalciumCalioCalcium |  mmol/l | GlukoseGlucoseGlucosioGlucose | g/l |

|  |  |  |  |
| --- | --- | --- | --- |
| *AntikoagulationAnticoagulation/Anticoagulazione/Anticoagulation* |  |  |  |
| HeparinHéparineEparinaHeparin | [ ]  | FragminFragminFragminFragmin | [ ]  | initialchargeinizialeBolus |  IU | kont.entretienall’oracont. |  IU |

|  |  |  |  |
| --- | --- | --- | --- |
| *Blutdruck/Tension artérielle/pressione del sangue/Bloodpressure* |  |  |  |
| vor Dialyseavant la dialyseprima della dialisibefore dialysis |  | nach Dialyseaprès la dialysedopo la dialisiafter dialysis |  |  | *Trockengewicht Poids de basePeso seccoDry weight* |       kg |

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| --- |
| Bemerkungen/Remarques/Nota/Comments |
|  |

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