



Haemodialysis Services for Tourists

- 1) Kindly fill up the **Patient Information Sheet** and send it back together with laboratory report copies.
- 2) **On booking**, please provide laboratory report copies and information **(i – viii)** in advance
 - I. **HBsAg, Anti-HBs, Anti-HBc(Total), Anti-HCV, Anti-HIV & ALT**(within 6 month)
(If Anti-HBs ‘Negative’ & Anti-HBc ‘Positive’, please check HBV DNA Quantitative PCR)
 - II. **Hemoglobin & biochemistry** (within 3 month)
 - III. **MRSA & CPE screening** (within 3 month)
 - IV. Latest 2 copies of **haemodialysis record / flow sheet**.
 - V. Referral letter with patient’s medical history from his/her attending Doctor
 - VI. Current one month **medication list**
 - VII. ECG if known case of heart problem (within 1 month)
 - VIII. Chest X-Ray report (within 3 month).
- 3) **On arrival**, please provide **(i-ii)**
 - i. **passport or identity card** for admission registration
 - ii. **last 2 copies of haemodialysis record / flow sheet**.
- 4) Appointment should be made with the Dialysis Unit as early as possible, preferably one to two months before the treatment session.
- 5) All information to be sent to the Dialysis Unit either via e-mail (du@canossahospital.org.hk) or by fax. (852-28255690)

Please note that:

- Regular haemodialysis service hour starts at 0730 till 1430 from Monday to Saturday (including public holidays).
- No service in the afternoon and on Sunday.
- Extra charge for hemodialysis service in the afternoon and on Sunday. Private Nurse fees (HK\$1670 x2) and doctor’s fee will be varied.
- Dialysis package charge:
 - i. HK\$5,050 per visit- for patient with **AVF/AVG** at regular service hour
 - ii. HK\$5,400 per visit - for patient with **dialysis catheter** at regular service hour.
 - iii. **Items not included:** Medication, laboratory, radiology investigation fees & extra items.
- Payment by cash or credit card

Looking forward to serving you in our Centre. May God bless you!

From Haemodialysis Unit, Canossa Hospital (Caritas)

Contact: Nursing Officer, Dialysis Unit

Tel: 852-2825 5339

Fax. No.: 852-2825 5690

E-mail: du@canossahospital.org.hk

Canossa Hospital (Caritas)

1 OLD PEAK ROAD, HONG KONG

TEL: (852) 28255339

FAX: (852) 28255690

TOURIST INFORMATION SHEET

- 1. Please fill in the forms and send to us as soon as possible (30 Days Before).**
- 2. All the information, please write in English.**
- 3. Please send to following address:**
Canossa Hospital (Caritas)
1 Old Peak Road
Hong Kong.
Fax: +852-2825-5690
Tel: +852-2825-5339
- 4. E-mail: du@canossahospital.org.hk**

PATIENT INFORMATION SHEET

Patient name: _____ Date & place of birth: _____

Sex: male female Passport / I.D: _____

Nationality: _____ Occupation: _____

Marital Status: Single Married

Home Address: _____

Home telephone: _____ Fax no. / e-mail add.: _____

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Doctor & Unit:

Referring Doctor: _____ Telephone: _____

Referring Hospital: _____ Telephone: _____

Hospital/ Clinic Address: _____

* * * * *

Place to Travel: _____

Tentative Dates requested for dialysis: _____ Time: _____ a.m.

Insurance cover: Yes No

Diagnosis: _____

* * * * *

General Treatment information:

Present diet: _____ Fluid restriction: _____

Current Medications: _____

* * * * *

Specific Hameodialysis Data:

Date of dialysis initiated: _____ Hours/ Treatment: _____ Days per week: _____

Type of dialyser (Surface area): _____ Type of dialysate: _____ Ca ___ K ___ Na ___ Glucose: _____

Type of vascular access: _____ Type of fistula needles: _____

Cath. length: _____ cm; Heparin lock (5000u/ml) @ A: _____ ml; V: _____ ml

Catheter site-care compatible antiseptic agent: _____

Arterial flow: _____ Usual dialysis pressure: A _____ V _____

Initial heparinization: _____ Hourly Dose: _____

Off heparin time: _____ Hour before off haemodialysis

Average Blood Pressure: Pre HD _____ Post HD _____

Dry weight: _____ Average weight gain (interdialysis): _____

Common problems during dialysis and comments:

* * * * *

Required: Laboratory date (data must be within 60 – 90 days)

Value	Date	Value	Date
HbsAG _____		HbsAB _____	
HIV _____		HCV antibody _____	
HgB _____		Sodium _____	
Calcium _____		Phosphorus _____	
Urea _____		Creatinine _____	

Pertinent secondary diagnosis: _____

Allergies: Yes No If yes, List _____

History of clinical hepatitis: Yes No If yes, date _____

Remark: Please enclosed all the above blood report when the time on application.

PHYSICIAN'S SUMMARY

- (i) Past and current problems or complications
- (ii) Pertinent psychosocial, mobility (i.e. Ambulatory, wheelchair or bed-ridden)

Doctor's Signature _____ Date: _____

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Remark: Please bring along your own supply of routine daily medications, and the dialysis records.