



FIRST WORLD
DIALYSIS
PROVIDING THE BEST CARE FORWARD

First World Dialysis
18 A Lyndhurst Road, Kingston 5
Office: 876-620-7832 | Cell: 876-303-6367
firstworlddialysis@gmail.com

Patient Name:

Patient DOB:

Requested Dates:

Patient Phone:

Referring Facility:

Referring Facility Phone:

Referring Facility Contact Name:

Referring Facility Email:

*****Please complete below*****

How will patient be transported to First World Dialysis? _____

Is the Patient Ambulatory? _____

Can the patient sit in standard chair to dialyze? _____

Can the patient sign own legal consent? _____

Has the patient had disruptive behaviour on dialysis? _____

Has the patient had any hospitalizations in the prior 3 months? _____

If yes, please include diagnosis: _____

Has the patient had any infections in the last 60 days? _____

If yes, please include diagnosis: _____

Number of missed treatments within 2 weeks before travel: _____

Current Dialysis Access: _____

Anything else regarding patient we should be aware of? _____

Name of patient's primary Nephrologist: _____

Phone number of patient's primary Nephrologist: _____

Duration of stay: _____

Number of dialysis treatments to be scheduled for: _____

Additionally, please include the following:

- Labs for current month and previous month*
 - including: Hepatitis (Hep) B and C, HIV, MRSA, U&E, CBC
- Copies of last three (3) treatment sheets
- Medical History and Consent
- Immunization records

**Hepatitis B, Hepatitis C, HIV and MRSA test should be done two(2) weeks prior to arrival. If not done then the blood test will be processed at First World Dialysis at your expense*