Emergency Preparedness

Medical Condition and History

Saskatchewan Kidney Health

NOTE: A copy of this sheet should be with you at all times.

If you need to go to another hospital or clinic in the event of a disaster, or if your records are unavailable or destroyed, this information will help any temporary care givers in understanding your special needs. You should update this annually and when treatment changes.

Date Completed:	
Primary Reason for Kidney Disease:	
Other Medical Conditions:	
Blood Type (if known):	



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Date Completed:	
Primary Reason for Kidney Disease:	
Other Medical Conditions:	
Blood Type (if known):	



Saskatchewan Health Authority





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Current Medication List and Allergies

• List prescription and non-prescription medicines including vitamins, herbals and natural health supplements you are currently taking. You should update this list annually and any time when prescription changes.

Date Completed:		
Allergies:		
	Current Me	edications:

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• List prescription and non-prescription medicines including vitamins, herbals and natural health supplements you are currently taking. You should update this list annually and any time when prescription changes.

Date Completed:		
Allergies:		
	Current M	edications:







Emergency Preparedness

Patient Contact Information



I am a kidney/dialysis patient: (Please	e check box)
Kidney Health (not on dialysis)	Пн

Runcy nearth	(not on dailys	13)	
Hemodialysis	In-Contro		Satallit

□ Home Hemodialysis

□ Home Peritoneal Dialysis

Hemodialysis:	🗌 In-Centre	Satellite
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□ Both Peritoneal Dialysis & Home Hemodialysis (Hybrid)

Name:			
Health Card Number:	Date	of Birth:	
Address:			
Phone Number:	E	mail:	
Emergency Contact Name 1:			
Phone Number:	E	mail:	
Emergency Contact Name 2:			
Phone Number:	E	mail:	



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Saskatchewan

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Emergency Preparedness

Patient Contact Information

I am a kidney/dialysis patient: (Please check box)

□ Kidney Health (not on dialysis)	
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- □ Hemodialysis: □ In-Centre □ Satellite
- □ Home Hemodialysis Both Peri

□ Home Peritoneal Dialysis

,				'
itoneal Dialy	ysis & Ho	ome Hem	nodialysis ((Hybrid)

Name:			
Health Card Number:	Da	ate of Birth:	
Address:			
Phone Number:		Email:	
Emergency Contact Name 1:			
Phone Number:		Email:	
Emergency Contact Name 2:			
Phone Number:		Email:	







Dialysis-Specific Information For PD Patients		Hybrid Peritoneal & Hemodialysis Prescription			
Date Completed:		Contact PD Clinic/Nephrologist for PD Prescription to reflect current therapy changes.			
Name of Dialysis Center:		Type of PD: Annual/Twin Bag Cycler Hybrid PD & HD			
Address:		Hybrid PD & HD	Dialysis Catheter		th: ition:
		Type of	FistulaGraft	□ Left □ Right	Upper ArmLower Arm
Phone:	one:				🗆 Leg
Family Physician's		Dialyzer:		Dialysis Flow	RatemL/min
Name:		Dialysate:	Calcium	_ Potassium	
Nephrologist			Sodium	_ Bicarbona ⁻	te
Name:		Dialysis Schedule: hours times/w			
Other Important		Dry Weight: Blood Flow Rate:mL/min			
Information and Phone Numbers:		Anticoagulation: Anticoagulation: None			



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Dialysis-Specific Information For PD Patients		Hemodialysis/Home Hemodialysis Prescription			
Date Completed: Name of Dialysis		Type of Access:	Dialysis Catheter	Lumen length: Locking solution:	
Center: Address:			□ Fistula□ Graft	□ Left □ Right	Upper ArmLower ArmLeg
Phone:		Dialyzer:	Dialysis Flow RatemL/min		
Family Physician's Name:		Dialysate:	Calcium Potassium Sodium Bicarbonate		
Nephrologist Name:		Dialysis Schedule:hourstimes/week			
Other Important Information and Phone Numbers:		Dry Weight: Anticoagulat	tion:	Blood Flow Ra unit	





