

PATIENT SETUP FORM

PERITONEAL DIALYSIS



HomeCare | T 1800 920 133 | E ANZ.Homecare@vantive.com

HOSPITAL DETAILS

Hospital	Purchase order
Doctor	Nurse

PATIENT DETAILS

Title <input type="text"/>	First name <input type="text"/>	Surname <input type="text"/>
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undisclosed	

A mobile number and email address are essential to ensure patients receive important updates on products, stock and deliveries, and should be recorded wherever possible

Contact information for orders and deliveries

Address <input type="text"/>	Tel 1 <input type="text"/>	Special delivery instructions	
Address <input type="text"/>	Tel 2 <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>		Postcode <input type="text"/>
Email <input type="text"/>			
Information for alternative contact for orders and deliveries			

Information for alternative contact for orders and deliveries

Alternative contact name <input type="text"/>	Tel <input type="text"/>
Email <input type="text"/>	Relationship to patient <input type="text"/>

Would the patient like to participate in Vantive's recycling program*? *Recycling services are available in metropolitan areas Yes No

PRESCRIPTION DETAILS

NEW PATIENT ORDER DELIVERY TIMEFRAME:

METROPOLITAN 3 days set up + 3 days delivery
REGIONAL 3 days set up + 5 days delivery

Date of first delivery: / / Treatment start date: / /

Therapy <input type="text"/>	Number of days' back up stock <input type="text"/>
------------------------------	--

FLUID REQUIREMENTS

Fluid requirements	No. bags per day
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you have selected Extraneal fluid, is this the first time the patient has used Extraneal? Yes No

Additional notes

ANCILLARY REQUIREMENTS

Description	Code	No. units per day
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="button" value="EMAIL FORM"/>	<input type="button" value="PRINT FORM"/>	<input type="button" value="RESET FORM"/>
---	---	---

<input type="checkbox"/> Vantive Use Only	<input type="checkbox"/> Patient Extraneal status verified	<input type="checkbox"/> Extraneal Patient Kit EXTKITV4AUS ordered
---	--	--