

# PATIENT SETUP FORM

## PERITONEAL DIALYSIS



HomeCare | T 0800 436 770 | 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

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:

<input type="text"/> 3 days	Date of first delivery: <input type="text"/> DD / MM / YY	Treatment start date: <input type="text"/> DD / MM / YY
	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

Product	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"/>	
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="button" value="EMAIL FORM"/>	<input type="button" value="PRINT FORM"/>	<input type="button" value="RESET FORM"/>
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<input type="checkbox"/> Vantive Use Only	<input type="checkbox"/> Patient Extraneal status verified	<input type="checkbox"/> Extraneal Patient Kit EXTKITV4NZ ordered
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