



## CRUISES APPLICATION FORM

(doit être complété par le personnel médical du centre de dialyse de provenance en lettre capitales  
et, si possible, en Anglais)

(to be filled in by patients' units possibly in typing or capital letters, please)

PATIENTS NAME: \_\_\_\_\_

Nom du patient

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Date de Naissance

ACCOMPANYING PERSON: yes/no \_\_\_\_\_ name: \_\_\_\_\_

Accompagnant: oui/non

nom

RELATIONSHIP: \_\_\_\_\_

CRUISE DEPARTURE DATE: \_\_\_\_\_ DURATION (N. of days): \_\_\_\_\_

Date de départ de la croisière

Durée (nbre de jours)

NUMBER OF TREATMENTS ON BOARD: \_\_\_\_\_

Nombre de traitements à bord

USUAL DIALYSIS DAYS:

(Mon/Wed/Fri) \_\_\_\_\_ (Tue/Thu/sat) \_\_\_\_\_

Jours habituels de dialyse (lun/merc/vend)

(mar/jeu/sam)

DIALYSIS FREQUENCY: \_\_\_\_\_

Fréquence des dialyses

DIALYSIS HOURS: \_\_\_\_\_

Temps de dialyse

TYPE OF DIALYSER: \_\_\_\_\_

Spécificité du dialyseur

VASCULAR ACCESS: \_\_\_\_\_

Type d'accès vasculaire

NEEDLES: type: \_\_\_\_\_

Aiguilles

Gauge \_\_\_\_\_ Lignocaine used Y/N \_\_\_\_\_

Gauge \_\_\_\_\_ Utilisation de Lignocaine o/n

BLOOD FLOW: \_\_\_\_\_ ml/min \_\_\_\_\_

Tension

SEROLOGY / SEROLOGIE:

Copy of latest lab works must be attached.

Joindre la copie de vos derniers résultats (récents)

U+E: \_\_\_\_\_ date: \_\_\_\_\_ FBC: \_\_\_\_\_ date: \_\_\_\_\_

Urée + Ionogramme

NFC

HepB: \_\_\_\_\_ date: \_\_\_\_\_ Antibodies: \_\_\_\_\_

Anticorps

HepC: \_\_\_\_\_ date: \_\_\_\_\_ If HepC positive, please add the PCR (Protein Chain Reaction) test as detected in blood RNA

HIV: \_\_\_\_\_ date: \_\_\_\_\_



HEPARIN REGIME / REGIME D'HEPARINE:

Start \_\_\_\_\_

Dose de charge \_\_\_\_\_

Maintenance \_\_\_\_\_

Dose d'entretien \_\_\_\_\_

Switch off \_\_\_\_\_

Dernière injection \_\_\_\_\_

If line used, heparin dosage instilled into each lumen post dialysis \_\_\_\_\_

Eparine en continu : Dose \_\_\_\_\_

DRY WEIGHT: \_\_\_\_\_ AVERAGE WEIGHT GAINS: \_\_\_\_\_

Poids sec \_\_\_\_\_

Prise de poids moyen \_\_\_\_\_

BLOOD PRESSURE: before dialysis: \_\_\_\_\_ after dialysis: \_\_\_\_\_

Tension : avant la dialyse \_\_\_\_\_

après la dialyse \_\_\_\_\_

Usual medication used / Médicaments habituels utilisés: \_\_\_\_\_

Dialysis fluid concentration: Na \_\_\_\_\_ K+ \_\_\_\_\_ Ca \_\_\_\_\_ Glucose \_\_\_\_\_

Teneur du concentré de dialyse \_\_\_\_\_

Sodium profiling Y/N \_\_\_\_\_ If yes, please state regime: \_\_\_\_\_

Profil sodé / quelles valeurs ? \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Any dialysis related problems or other special needs (please specify the frequency) / Problèmes à signaler: \_\_\_\_\_

Vomiting: \_\_\_\_\_ Cephaleas: \_\_\_\_\_

Vomissements \_\_\_\_\_

Maux de tête \_\_\_\_\_

Cramps: \_\_\_\_\_ Low blood press episodes: \_\_\_\_\_

Crampes \_\_\_\_\_

Très basse tension éventuelle \_\_\_\_\_

Others: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_



REFERRING DIALYSIS CENTER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_

PERSONAL DETAILS

PATIENT NAME: \_\_\_\_\_  
PERM ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME  
TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

HEALTH AUTHORITY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL PHYSICIAN'S NAME: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HISTORY OF RENAL DESEASES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_  
\_\_\_\_\_

HEART CONDITION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF REFERRING MEDICAL DOCTOR: \_\_\_\_\_  
\_\_\_\_\_

(Name in Capital Letters) \_\_\_\_\_

DATE: \_\_\_\_\_

**P.S. No EPO (EPREX etc.) will be provided on board our cruise. So if you need it, please be so kind to take the sufficient quantity for all the dialysis treatments, performed on board cruise, with you.**