

Patient Intake Information, Frequently Asked Questions & Consent

Visiting Dialysis Patient Information			
Patient Name:			
Date of Birth (DD/MM/YY):		Gender:	
Home Address:			
Country:		City:	
Zip Code:		Telephone:	
Emergency Contact Name:		Emergency Contact Number:	
Provincial Health # (if from within Canada):		Health Card Expiry Date (DD/MM/YY):	
Home Dialysis Unit Information			
Referring Dialysis Unit:			
Main Contact at Referring Unit (name & e-mail):			
Telephone (include country + area code):		Fax (include country + area code):	
Referring Nephrologist:			
Patient Visit Information:			
Expected Dates of Travel:			
Preferred Dialysis Days / Times:			
Preferred Dialysis Site:	St. Michael's Hospital (30 Bond Street, Downtown Toronto)		
	Kidney Care Centre (45 Overlea Blvd, East York area in Toronto)		
St. Joseph's Health Centre (30 The Queensway, Etobicoke area)			
Address While Visiting Toronto:			
Local Contact Person:			
Local Contact Telephone:			
Person Arranging Care:		□ Self	Other:



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Dialysis Sites

Our units are staffed with experienced dialysis nurses

Typical treatment time is 4 hours or less

Your dialysis schedule will be according to the unit's availability. Your specific dialysis times may be subject to change depending on capacity and staff availability.

We have 3 hemodialysis sites to choose from and recommend choosing the site closest to your residence:

- St. Michael's Hospital (30 Bond Street, Downtown Toronto)
- Kidney Care Centre (45 Overlea Blvd., East York area in Toronto)
- St. Joseph's Health Centre (30 The Queensway, Etobicoke area)

Medications

Medications are NOT PROVIDED. Please bring your own medications, including injectable and intravenous medications such as EPO and Darbepoetin (Aranesp). Post dialysis intravenous infusion of medication will not be administered with the exception

of EPO and Calcijex. Some of these medication are affected by extreme temperature changes and therefore should not be stored in checked luggage. Please speak with your pharmacist to determine how to safely travel your medications.

If unable to bring EPO and/or Aranesp, you will be responsible for the cost if administered.

Lab

We will take chemistries if necessary and on a case-by-case basis dependent on your length of stay. The cost of a full bloodwork panel is an additional \$100.

Fee Schedule

INTERNTIONAL TRAVEL PATIENTS: The cost per treatment is CA \$_____ (CANADIAN dollars) for four hours or less. There is an additional physician's fee that will be charged based on number of the dialysis treatments received. FULL PAYMENT MUST BE RECEIVED PRIOR TO YOUR FIRST DIALYSIS TREATMENT. Payment Options will be provided through Accounts Payable once dialysis treatment has been confirmed.

CANADIAN RESIDENTS: Provincial Health insurance may cover and reimburse some of the costs to you. We recommend that you check with your insurance provider regarding payments for dialysis and the required documentation. We will require a photocopy of your provincial health card as part of the medical information package.



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Email Consent

By completing and sending the following intake forms, you agree to communicate your medical information via email. Emails are not protected in the same way that phone calls and letter mail are protected. There is always a chance with any unencrypted email that it could be intercepted or manipulated.

If you decide that you do not want to communicate in this way, the hospital will continue contacting you by telephone or fax. If you choose not to email, your care will not be affected.