

**Policlinic for internal medicine and dialysis B.Braun Avitum
Hondlova 2/11
10 000 Zagreb, Croatia**

Questionnaire

Patient's first name:

Patient's last name:

Date of birth:

Home address:

Tel. No.:

Diagnosis:

Date of first treatment:

Type of treatment:

Frequency and duration of treatment:

Vascular access:

Dialyser type:

UF volume:

Conductivity:

Bicarbonate:

Heparin:

Weight:

Blood type:

Markers of hepatitis B: (not older than 3 months)

Markers of hepatitis C: (not older than 3 months)

Anti HIV: (not older than 3 months)

Current therapy:

Notes: