

**APPLICATION FOR ENTRY INTO HAEMODIALYSIS PROGRAMME
PERMOHONAN MENYERTAI PROGRAM HAEMODIALISIS**

Guidelines for Selection of Patients

- 1 Patients with ESRD should be evaluated for their medical eligibility by the Nephrologist/ Physician from the following hospitals and then referred to the Department of Nephrology for formal registration and assessment.
 - (a) Hospital Besar Kuala Lumpur
 - (b) Pusat Perubatan Universiti Malaya (PPUM)
 - (c) Hospital Universiti Kebangsaan Malaysia
 - (d) Private Hospitals

- 2 Detailed assessment of medical status is essential prior to the patient's entry into the dialysis program at the Eagles Dialysis Centre.

Panduan Pemilihan Pesakit-Pesakit

- 1 Pesakit-pesakit ESRD perlu diperiksa tahap kesihatannya terlebih dahulu oleh pakar Nefrologi dari Hospital-hospital berikut dan seterusnya akan dirujuk ke Jabatan Nefrologi berkenaan untuk pendaftaran dan pemeriksaan selanjutnya.
 - (a) Hospital Besar Kuala Lumpur
 - (b) Pusat Perubatan Universiti Malaya (PPUM)
 - (c) Hospital Universiti Kebangsaan Malaysia
 - (d) Hospital-hospital swasta

- 2 Maklumat lengkap hasil dari pemeriksaan ini adalah penting sebelum pesakit diterima menjalankan dialisis di Eagles Dialysis Centre.

A PERSONAL INFORMATION/MAKLUMAT PERIBADI

1 PERSONAL DETAILS/BUTIRAN PERIBADI

Full Name (Mr/Mrs.Miss/Mdm)/Nama Penuh		NRIC/No. K/P
Address/Alamat		
Postcode/Poskod	Tel No./ (H) No. Tel : (O)	(H/P)
Date of Birth/ Tarikh Lahir :	Age/ Umur :	Sex/ Jantina :
Nationality/ Warganegara :	Race/ Bangsa :	Religion/ Agama:
Marital Status/ Taraf Perkahwinan	<input type="checkbox"/> Single/ Bujang	<input type="checkbox"/> Married/ Berkahwin
	<input type="checkbox"/> Divorced/ Bercerai	<input type="checkbox"/> Separated/ Tinggal Berasingan
		<input type="checkbox"/> Widowed/ Duda/Janda

2 DETAILS OF EMPLOYMENT/MAKLUMAT PEKERJAAN

Present Employment/ <i>Pekerjaan Sekarang :</i>	Monthly Income (Gross)/ <i>Pendapatan Bulanan (Kasar) :</i>
Name of Employer/ <i>Nama Majikan</i>	
Address/ <i>Alamat :</i>	Tel No./ <i>No. Tel :</i>
Please attach supporting documents - EA/J FORMS. LATEST EPF STATEMENTS. LETTER FROM EMPLOYER CERTIFYING SALARY & DETAILS OF OWNERSHIP OF PROPERTY. <i>Sila kemukakan dokumen yang berkaitan - BORANG EA/J CUKAI PENDAPATAN, PENYATA TERBARU KWSP & SURAT DARI MAJIKAN MENYATAKAN BULANAN & MAKLUMAM HARTA.</i>	
If unemployed, please state/ <i>jika tidak bekerja, sila nyatakan :</i>	
Since (Date)/ <i>Mula (Tarikh) :</i>	Reason/ <i>Sebab :</i>
Means of Support/ <i>Punca Saradiri :</i>	Name of person providing support/ <i>Nama orang yang menyara anda :</i>
Previous Employment/ <i>Pekerjaan lepas :</i>	Last drawn salary/ <i>Gaji terakhir :</i>

3 EDUCATIONAL BACKGROUND/LATAR BELAKANG PENDIDIKAN

School Level/ <i>Peringkat Sekolah</i>	Name of School/ <i>Nama Sekolah</i>	Year/ <i>Tahun</i>		Highest standard passed/ Qualification obtained/ <i>Kelulusan darjah tertinggi/ Kelulusan yang diperolehi</i>
		From/ <i>Dari</i>	To/ <i>Ke</i>	
Primary/ Rendah				
Secondary/ Menengah				
Pre-University/ Pra-University				
Others/ Lain-lain				

**C MONTHLY HOUSEHOLD TOTAL INCOME (CONTRIBUTION,HOUSEHOLD EXPENDITURE)
/JUMLAH PENDAPATAN (SUMBANGAN, PERBELANJAAN BULANAN SEISE RUMAH)**

1 INCOME & CONTRIBUTION/PENDAPATAN & SUMBANGAN

Bil	Income & Contribution/Pendapatan & Sumbangan	RM
1	Household Income/Pendapatan Seisi Rumah (Total Income in B1/Jumlah Pendapatan di B1)	
2	Side Income/Pendapatan Sampingan	
3	Contribution of Family Members/Sumbangan Ahli-ahli Keluarga (Total Income in B2/Jumlah Pendapatan di B2)	
4	Other Contributions (State)/Lain-lain Sumbangan (Nyatakan)	
Total Income & Contributions/Jumlah Pendapatan & Sumbangan		

2 EXPENDITURE/PERBELANJAAN

Bil	Expenditure/Perbelanjaan	RM
1	EPF, SOCSO/Potongan KWSP, Potongan PERKESO	
2	Rental, Instalment (house loan)/Sewa, Pinjaman Perumahan	
3	Instalment (car loan)/Pinjaman Kereta	
4	Food (including baby food)/Perbelanjaan Makanan (termasuk makanan bayi)	
5	Utility (water, electricity, telephone)/Perbelanjaan Utiliti (bil elektrik, telefon, air)	
6	Schooling Expenses/Perbelanjaan Persekolahan	
7	Transport/Perbelanjaan Pengangkutan	
8	Medical expenses (dialysis, medicines)/Perbelanjaan Perubatan (dialysis, eprex dan lain-lain)	
9	Expenses for house cleaning or Maid/Bayaran Pengasuh atau Pembantu Rumah	
10	Other Expenses (List)/Lain-lain Perbelanjaan, Tanggungan (Senaraikan)	
Total Expenditure/Jumlah Perbelanjaan, Tanggungan		

3 BALANCE INCOME/BAKI PENDAPATAN

(Total Income, Contribution - Total Expenditures)/(Jumlah Pendapatan, Sumbangan - Jumlah Perbelanjaan, Tanggungan)

Bil	Perkara	RM
1	Total Income, Contribution/Jumlah Pendapatan, Sumbangan	
2	Total Expenditure/Jumlah Perbelanjaan, Tanggungan	
Balance/Baki		

4 CONTRIBUTION FROM OTHER SOURCES/SUMBANGAN DARI PUNCA LAIN-LAIN

Do you receive contribution from other Organisation or Association?
Adakah anda menerima sumbangan tetap dari mana-mana Badan atau Persatuan?

Yes/Ya No/Tidak

If yes, name the source/Sekira ya, sila nyatakan nama Badan atau Persatuan :

Amount of contribution/Berapa sumbangan yang diterima : RM per month/sebulan
Or/Atau RM lump sum/sekali shj

D TYPE OF ACCOMODATION/MAKLUMAT KEDIAMAN Please tick/Sila tanda (✓)

Low Cost Flat (_____ Rooms) Rumah Pangsa (_____ Bilik)	<input type="checkbox"/>	Apartment Pangsapuri	<input type="checkbox"/>	Terrace - Single Storey Teres - Setingkat	<input type="checkbox"/>
Own Sendiri	<input type="checkbox"/>	Rent Sewa	<input type="checkbox"/>	Shophouse Rumah Kedai	<input type="checkbox"/>
				Terrace - Double Storey Teres - Dua Tingkat	<input type="checkbox"/>

E TYPE OF PROPERTY OWNED/HARTA-HARTA MILIK SENDIRI

* Please tick (✓) at the relevant box ONLY! * Sila tanda (✓) pada yang berkenaan SAHAJA

1 Does the present house belongs to you and your family?
Rumah sekarang yang didiami sendiri dan sekeluarga? Yes/Ya No/Tidak

Fully paid
Telah dibayar penuh Instalment
Secara ansuran : RM

Repayment beginning from to
Tempoh bayaran bermula dari (Year/Tahun) (Year/Tahun)

2 Type of other property/Jenis harta benda lain :

Other house/
Rumah lain Shop/
Kedai Factory/
Kilang Building/
Bangunan Land/
Tanah Estate/
Kebun/Ladang

Fully paid/
Telah dibayar penuh Instalment/
Secara ansuran : RM

Repayment beginning from to
Tempoh bayaran bermula dari (Year/Tahun) (Year/Tahun)

3 Vehicle/Kenderaan :

Motorcycle/
Motosikal Car/
Kereta Van/
Van Bus/
Bas Lorry/
Lori

Model : Year/Tahun :

Fully paid/
Telah dibayar penuh Instalment/
Secara ansuran : RM

Repayment beginning from to
Tempoh bayaran bermula dari (Year/Tahun) (Year/Tahun)

4	Shares/Saham	<input type="checkbox"/>	No/Tiada	<input type="checkbox"/>	Yes/Ya, Values of shares/Nilai Saham : RM
5	Bank Account : Type/Akaun Bank : Jenis			Total/Jumlah : RM	

F OTHER INFORMATION/LAIN-LAIN MAKLUMAT

Are you presently on dialysis elsewhere? Yes/No (Delete whichever not applicable)
Adakah anda sekarang menerima rawatan dialysis di tempat lain? Ya/Tidak (Potong yang tidak berkenaan)

If so, state : Where/ _____
Jika ya, nyatakan Di mana
 Since when/ _____
 Sejak bila

No. Of Dialysis sessions per week/ _____
Bil. Sessi Dialisis seminggu
 Fee paid per month/ _____
Bayaran sebulan

G DECLARATION/PENGAKUAN : I declare that/Saya mengaku bahawa :

- a I have read, understood and agree to comply with the Terms and Conditions.
Saya telah baca, faham dan bersetuju untuk mematuhi segala syarat-syarat yang telah ditetapkan.
- b All the particulars given in this form are true and I have not suppressed any information required.
Semua maklumat yang diberi di dalam borang ini adalah benar dan saya tidak menyembunyikan sebarang maklumat yang dikehendaki.
- c I am aware that if my application is successful, I will be accepted in the programme for only one year. Thereafter my application will be reconsidered.
Saya sedar bahawa jika permohonan ini berjaya, saya akan diterima untuk program ini hanya untuk selama setahun sahaja dan akan dinilai semula selepas tempoh berkenaan tamat.
- d If I have suppressed or given any incorrect information, EDC reserves the right to discontinue treatment to me.
Jika saya didapati menyembunyi atau memberi maklumat yang palsu, EDC mempunyai hak untuk menamatkan rawatan yang diberikan kepada saya.

<p>_____</p> <p>Right Thumb Print/Signature Cap Ibujari Kanan/Tandatangan</p> <p>Date : _____ Tarikh</p>	<p>Witnessed By : _____ Saksi Oleh</p> <p>Name : _____ Nama</p> <p>Address : _____ Alamat</p> <p>_____</p> <p>_____</p> <p>Tel No. : _____</p>
-------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

No. Tel

AN UNDERTAKING OF FINANCIAL SUPPORT

I agree to support Mr/Mrs/Miss/Madam _____
NRIC No. _____ with regard to the patient's payment of dialysis fees to the
Eagles Dialysis Centre. I undertake that I will be responsible to make good any default of payment
of the Eagles Dialysis Centre by the said patient.

I understand that the onus lies on the patient to keep up with his payments promptly and regularly,
but in the event he is unable to make payment, I undertake to do so for him.

I therefore understand that failure to make payment may lead to the patient's transfer out of the
programme.

JAMINAN BANTUAN KEWANGAN

*Saya bersetuju untuk membiayai Encik/Puan/Cik _____
No. K/P _____ bagi tujuan pembayaran kos rawatan dialysis. Saya akan
bertanggungjawab ke atas sebarang tunggakan yang timbul berkaitan dengan kos rawatan pesakit
ini.*

*Saya faham sekiranya pesakit tidak dapat membuat pembayaran yang tersebut, saya memberi
jaminan untuk membayar bagi pihak pesakit.*

*Saya faham sepenuhnya bahawa kegagalan untuk membuat pembayaran boleh mengakibatkan
pesakit dikeluarkan dari program ini.*

Name _____ NRIC _____ Age _____ Sex _____
Nama _____ No. K/P _____ Umur _____ Jantina _____

Address _____
Alamat _____

Tel No. _____ Occupation _____
No. Tel _____ Pekerjaan _____

Employer's Name _____
Nama Majikan _____

Address _____
Alamat _____

Tel No. _____ Relationship to Patient _____
No. Tel _____ Hubungan dengan Pesakit _____

Signature _____ Date _____
Tandatangan _____ Tarikh _____

EAGLES DIALYSIS CENTRE BHD

PRIVACY STATEMENT

Eagles Dialysis Centre Bhd (EDC) respects your privacy and confidentiality of your personal information and we are committed to processing of personal data responsibly and only to the extent necessary for the services we provide. We will make every effort to ensure that any personal data that we obtain will be kept private and confidential. Processing of personal data means the act of collecting, recording, holding and/or storing personal data in any forms or formats. Personal data means any information that may be used to identify an individual. EDC will not sell or distribute your personal information to third parties.

By filling up any of EDC forms, both prior and post admission into our centre, you are voluntarily providing us with personal information so that we may process the information accordingly and follow up with you. You may at any time request access, correct or withdraw your personal data held by us. However, to protect your privacy, safety and security, we will take reasonable steps to verify your identity before granting you your personal data held by us.

Kindly acknowledge that you have read and understood the contents of our Privacy Statement by signing on the space provided below.

I acknowledge that I have read and understood the contents of the Privacy Statement of Eagles Dialysis Centre Bhd.

PATIENT'S SIGNATURE: _____

NAME: _____

NRIC NO.: _____

DATE: _____

CONDITIONS FOR ACCEPTANCE INTO EDC HAEMODIALYSIS PROGRAMME

- 1 The applicant is a Malaysian citizen.
- 2 The applicant is aged 12 years and above.
- 3 The applicant is ambulant (able to move independently).
- 4 The applicant has suitable functional vascular access (eg. Fistula) or temporary vascular access (eg. IJC) catheter.
- 5 The applicant is prepared to appear before the Patient Selection Committee of EDC before being considered for the programme.
- 6 The applicant must agree to a visit to his home by a Social Worker/Persons nominated by EDC with a view to verify all information given.
- 7 The applicant is prepared to pay RM ____ per dialysis session. This fee is subject to change by EDC as and when it deems necessary. A total of three (3) dialysis session fees are to be paid in advance on the first session day of each week.
- 8 The applicant is prepared to pay a deposit of RM_____ before starting the dialysis programme with EDC.
- 9 The selected Patient must be willing to undergo dialysis 3 times a week with each session to be 4 hours at EDC at the dates and times fixed by the Centre.
- 10 The Patient will be reviewed every 3 months with regards to his/her suitability to continue the dialysis programme.
- 11 The Patient must not have an excess of 3% of body weight of water in him/her at each session of dialysis. The patient will have to pay the full cost for any extra sessions required as a result of an increase of more than 3% of body weight of water.
- 12 The Patient must be willing to sign a contract with EDC before commencing the dialysis programme.
- 13 Should a patient request for a new replacement for a dialyser that is deemed still effective by the Reprocessor, the patient would have to bear the cost of the new unit.
- 14 **THE PATIENT'S PROGRAMME CAN BE TERMINATED IF**
 - (a) He/She fails to turn up for more than 3 successive dialysis.
 - (b) He/She is no longer ambulant.
 - (c) His/Her condition has deteriorated with complications such as heart disease, infection, stroke, etc/or needs to be transferred to Chronic Ambulatory Peritoneal Dialysis.

CHECKLIST FOR APPLICANT

Name

Date

		Official Use Only	
			Remarks
1	Blood Test Results		
2	Medical Record s/History		
3	ECG		
	Documents		
	(i) Employment (applicant/others		
	EA/J Form		
	Latest EPF statements		
	Salary slip		
	SOCSCO Approval Letter for HD Treatment		
	(ii) Ownership of property		
	(iii) Rental receipt		
	(iv) Utility bills		
	Water bill		
	Electricity bill		
	Telephone bill		
	Mobile phone bill		
	Others		
	(v) Instalments		
	Vehicle instalment statement		
	(vi) Insurance		
5	Photocopies of IC of applicant (2 copies)		
6	Photocopies of IC of guarantor (2 copies)		
7	Photograph of applicant (2 copies)		
8	Haemodialysis data		

**APPLICATION FOR EDC HAEMODIALYSIS PROGRAMME/
PERMOHONAN MENYERTAI PROGRAM HAEMODIALISIS EDC**

MEDICAL REPORT

To the Doctor in charge

Kindly give a detailed report of the patient's history and condition

Patient's Name : Physician's Name :

Patient's IC Number : Physician's Clinic/Hospital :

Etiology of ESRF : Physician's Tel No./Handphone No.

Other medical illness :

.....
.....

Allergy : Yes No Specify :

1 SUMMARY OF MEDICAL REPORT

.....
.....
.....
.....
.....
.....

2 SPECIFIC QUESTIONS

Is the patient ambulant? Yes No

Can the patient learn to perform self-dialysis? Yes No

Is the patient fit for a transplant? Yes No

3 VASCULAR ACCESS AV Fistula AV Graft Others Nil

Date Created : Location : In Use : Yes No

4 CURRENT TREATMENT : Conservative IPD CAPD Haemodialysis

Date of first dialysis :

Place of dialysis :

5 INVESTIGATIONS (Fill in or attach copy of results)

HbsAg : positive negative not done

Anti HBS : positive negative not done

Anti HCV : positive negative not done

HIV : positive negative not done

MRSA Screen : positive negative not done

Creatinine (umol/l) : Urea (mmol/l) :

Potassium (mmol/l) : HCO₃ (mmol/l) :

Calcium (mmol/l) : Phosphate (mmol/l)

ALT (iu/l) : AST (iu/l) :

Albumin (g/l) : Hb (g/dl) :

* Please attach CXR and ECG report

6 CURRENT MEDICATIONS

.....
.....
.....
.....

7 OTHER COMMENTS

.....
.....

.....
Signature of Nephrologist/Physician

.....
Date