

HAEMODIALYSIS PATIENT NOTIFICATION

(Complete this form to notify dialysis patient to NRR. You must notify all patients in your centre.)

Instruction to select boxes: 1) check one or more boxes 2) check one box only

Office use:

Centre:

** - Compulsory

- For RESOLVE Study

PART 1 : PATIENT INFO

01. SDP Name			
02. ** Modality of the centre			
03. ** Name & Title			
04. ** Identification card number:	My NRIC		Old IC No
	Other document No		Document type
			If other Malaysian, specify
05. ** Date of Birth #	(dd/mm/yyyy)		
06. ** Gender #	<input type="radio"/> Male <input type="radio"/> Female		
07. ** ABO Blood group	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> AB <input type="radio"/> O		
08. Treatment courses	Where date is requested, write as dd/mm/yyyy. If exact date is unknown, an estimate will do, eg end 1985, mid 1994.		
	a. **Date started dialysis / follow up at your centre (dd/mm/yyyy)		
	b. **Date Commence current modality (dd/mm/yyyy)	#	
	c. Date started first dialysis after onset of ESRF (dd/mm/yyyy)		
09. Is this patient on Hybrid therapy?	<input type="checkbox"/> Note: If patient on CAPD and also doing HD at your centre, please tick. Only the PD Centre need to submit Annual Return Form for the patient.		
10. Age Started at your centre			
11. ** HD Category	<input type="radio"/> Centre <input type="radio"/> Home <input type="radio"/> Office		
12. Dialysate Sodium (before # entered RESOLVE study)	_____ mmol/L		
13. Did the patient start their first haemodialysis using a catheter?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know		
	Note: A response is needed for the first ever notification of a HD patient. HD patients transferring from PD, or graft failure after transplantation, or HD from another centre will not be included.		

PART 2 : CONTACT INFO

01. Address			
02. Postcode			
03. ** Town / City			
04. ** State			
05. ** Country			
06. ** Contact number	Homephone		
	Handphone tel		
	Work telephone	Extension	
	Fax		

PART 3 : DEMOGRAPHICS

01. ** Citizenship	<input type="radio"/> Malaysian <input type="radio"/> Foreigner, Country of Origin _____		
02. ** Ethnic group #	<input type="radio"/> Malay	<input type="radio"/> Chinese	<input type="radio"/> Indian
	<input type="radio"/> Bumiputra Sabah	<input type="radio"/> Bumiputra Sarawak	<input type="radio"/> Orang Asli Semenanjung
	<input type="radio"/> Other Malaysian _____		
03. ** Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed		
	<input type="radio"/> Divorced <input type="radio"/> Separated		
04. ** Highest Education	<input type="radio"/> No Formal Educationn <input type="radio"/> Primary <input type="radio"/> Secondary		
	<input type="radio"/> Tertiary		
05. ** Family Income / month	<input type="radio"/> < RM 1,000 <input type="radio"/> RM 1,000 - 3,000 <input type="radio"/> RM 3,001 - 5,000		
	<input type="radio"/> RM 5,001 - 10,000 <input type="radio"/> > RM 10,000		
06. Current Occupation	<input type="radio"/> Agricultural / Fishery / Forestry <input type="radio"/> Clerical / Sales <input type="radio"/> Factory Worker		
	<input type="radio"/> Homemaker / Housewife <input type="radio"/> Military / Police / Fireman <input type="radio"/> Own Business		
	<input type="radio"/> Professional / Technical / Manager <input type="radio"/> Service <input type="radio"/> Student		
	<input type="radio"/> Others, specify _____		
07. ** Cigarette smoker #	<input type="radio"/> Never <input type="radio"/> Former <input type="radio"/> Current		

PART 4 : CLINICAL DIAGNOSIS #

Primary Renal Disease

<input type="radio"/> Glomerulonephritis, specify <i>If patient has Glomerulonephritis, kindly fill up the Glomerulonephritis section on Page 3</i>	<input type="radio"/> Diabetes Mellitus # <i>If patient has Diabetes Mellitus, kindly fill up the Diabetes Mellitus section on Page 3</i>	<input type="radio"/> Hypertension <i>If patient has Hypertension, kindly fill up the Hypertension section on Page 3</i>
<input type="radio"/> Obstructive uropathy, specify <input type="radio"/> Hereditary nephritis, specify <input type="radio"/> Others, specify	<input type="radio"/> ADPKD <input type="radio"/> CAKUT <i>If patient has CAKUT kindly fill up the CAKUT section on Page 3</i>	<input type="radio"/> Drugs / toxic nephropathy <input type="radio"/> Unknown
Specify details: 		

PART 5 : CO-MORBIDITIES

01. ** Date of Diagnosis	02. Date Resolve (if applicable)	03. ** Comorbidity
		<input type="checkbox"/> Cardiovascular disease, specify _____ <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <input type="checkbox"/> Congestive cardiac failure → History of Heart Failure? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Ischaemic heart disease → History of Acute myocardial infarction? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Other cardiac disorder, specify: _____ </div>
		<input type="checkbox"/> Diabetes mellitus # <i>If patient has Diabetes mellitus, kindly fill up the Diabetes mellitus section on Page 3</i>
		<input type="checkbox"/> Hypertension, requiring treatment <i>If patient has Hypertension, kindly fill up the Hypertension section on Page 3</i>
		<input type="checkbox"/> Cerebrovascular disorder → History of Stroke? <input type="radio"/> Yes <input type="radio"/> No
		<input type="checkbox"/> Chronic respiratory disorder, specify _____
		<input type="checkbox"/> Chronic liver disorder, specify _____
		<input type="checkbox"/> Gastrointestinal disorder, specify _____
		<input type="checkbox"/> Peripheral vascular disorder
		<input type="checkbox"/> Cancer, specify
		<input type="checkbox"/> Dementia
		<input type="checkbox"/> Mental retardation (Paediatric)
		<input type="checkbox"/> Current active substance abuse (drug, alcohol)
		<input type="checkbox"/> Impaired vision, sufficient to interfere with self-care
		<input type="checkbox"/> Psychiatric disorder, specify _____
		<input type="checkbox"/> Non accidental limb amputation due to vascular disorder
		<input type="checkbox"/> TB (any site)
		<input type="checkbox"/> Other co-morbidity, specify: _____
		<input type="checkbox"/> Glomerulonephritis, specify _____ <i>If patient has Glomerulonephritis, kindly fill up the Glomerulonephritis section on Page 3</i>
		<input type="checkbox"/> Obstructive uropathy, specify _____
		<input type="checkbox"/> Hereditary nephritis, specify _____
		<input type="checkbox"/> ADPKD
		<input type="checkbox"/> CAKUT
		<input type="checkbox"/> Drugs / toxic nephropathy

DIABETES MELLITUS

- Diabetic nephropathy in type I diabetes - histologically
- Diabetic nephropathy in type II diabetes - histologically
- Diabetic Unknown histology
- Diabetic nephropathy in type I diabetes - no histology
- Diabetic nephropathy in type II diabetes - no histology

HYPERTENSION

- Chronic hypertensive nephropathy - histologically proven
- Chronic hypertensive nephropathy - no histology
- Hypertension Unknown histology

GLOMERULONEPHRITIS

- Report not conclusive
- No / not enough glomeruli
- Others, specify: _____

- Primary GN
 - Minimal Change
 - FSGS →
 - Tip lesion
 - Cellular
 - Collapsing
 - Peri-hilar
 - Not otherwise specified _____
 - Ig A nephropathy →
 - Minimal change
 - Focal proliferative
 - Advanced chronic GN
 - FSGS-like
 - Diffuse proliferative
 - Membranous nephropathy
 - Membrano-proliferative
 - Messangial Proliferative GN-non IgA
 - Crescentic ANCA _____
 - Idiopathic Crescentic GN

- Secondary GN
 - Henoch Schonlein Purpura →
 - Grade I - Minimal glomerular disease
 - Grade II - Mesangial proliferative
 - Grade III - Focal and segmental Glomerulonephritis or Diffuse proliferative < 50%
 - Grade IV - 50-75% Crescent
 - Grade V - >75% Crescent
 - Grade VI - Membrano-proliferative

- HUS / TTP
- Anti GBM disease % Crescent
- Diabetic nephropathy
- Amyloidosis
- Systemic vasculitis

- Post Infectious GN →
 - Crescentic → % Crescent
 - Endocapillary
 - Mesangial-proliferative

- Other infection
 - Hepatitis B →
 - Minimal change
 - FSGS
 - Membranous nephropathy
 - Membrano- proliferative

- Hepatitis C →
 - Minimal change
 - FSGS
 - Membranous nephropathy
 - Membrano- proliferative

- HIV →
 - Collapsing
 - Lupus like
 - TTP like
 - Others, specify: _____

- Polyarteritis Nodosa % Crescent

- Malignancy →
 - Membranous nephropathy
 - Membrano- proliferative
 - Minimal change

- Multiple myeloma
- Immunotactoid / fibrillary GN
- Light / Heavy chain deposit disease

- Lupus Nephritis →
 - WHO Class
 - ISN / RPS Class
 - % Crescent

<input type="radio"/> Class I ^^	<input type="radio"/> Class IV	→
<input type="radio"/> Class II ^^	<input type="radio"/> Class IV + V	
<input type="radio"/> Class II + V	<input type="radio"/> Class V	
^ <input type="radio"/> Class III	<input type="radio"/> Class VI	
^ <input type="radio"/> Class III + V	<input type="radio"/> Others	

^Subclass ISN III	^^Subclass ISN IV	
<input type="radio"/> A	<input type="radio"/> S(A)	<input type="radio"/> G(A)
<input type="radio"/> A/C	<input type="radio"/> S(A/C)	<input type="radio"/> G(A/C)
<input type="radio"/> C	<input type="radio"/> S(C)	<input type="radio"/> G(C)

- Hereditary
- Alport's syndrome
- Thin Basement Membrane disease
- Other, specify: _____

- Advance GN

- Others

CAKUT

- Primary Reflux Nephropathy
- Congenital Renal Dysplasia
- Posterior Urethral Valves
- Congenital neurogenic bladder
- Cystic Kidney Disease
- Others, specify _____