

## PATIENT ASSESSMENT FOR HOME DIALYSIS SUITABILITY

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

SEX: \_\_\_\_\_

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

DIAGNOSIS: \_\_\_\_\_

CO-MORBIDITIES: \_\_\_\_\_

	YES	NO	COMMENTS
<b>1. Assessment of Appearance</b>			
-dresses appropriately			
-good personal hygiene			
<b>2. Assessment of Physical Ability</b>			
-has no restriction in mobility of 4 limbs			
-ability to free stand on scale			
-both hands are steady, no shakiness			
-satisfactory manual dexterity/strength			
-satisfactory vision			
<b>3. Assessment of Cognitive Ability</b>			
-understands their disease & prognosis			
-employment: FT <input type="checkbox"/> PT <input type="checkbox"/> not working <input type="checkbox"/>			Occupation:
-education level			
- motivated and willing			
-past experiences with learning new skills			
-feels comfortable in making decisions			
-communicates adequately in English			
-reading, written and verbal			
-requires interpreter			
<b>4. Assessment of Emotional Suitability</b>			
-understands commitment involved			
-able to verbalize issues			
-signs of depression			
<b>5. Assessment of Care Supporter</b>			
-support available			Relationship:
-understands commitment			
-willing and motivated			
-education level			
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> University <input type="checkbox"/>			
-no barrier in cognitive ability			
-is available during dialysis sessions			
<b>6. Assessment of Financial Situation</b>			
-able to buy equipment required for home hemodialysis (i.e. scale, phone, flashlight, lifeline)			
-understands that utility bills will Increase			
-has insurance coverage			
-aware of possible extra construction costs			

<b>7. Physical Details of the Home</b>			
-Accommodation: house <input type="checkbox"/> apartment <input type="checkbox"/> floor ___ own <input type="checkbox"/> rent <input type="checkbox"/>			
-number of inhabitants _____			
-any pets at home			Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
-adequate storage and climate controlled space for supplies			
-adequate lighting in room for dialysis			
-has access to electrical, water, septic or sewer and telephone services			
-understand that new installation for electricity, water and drainage may be required			
-possible location for dialysis equipment and RO			
-smoke-free environment			
<b>8. Current Renal Care Plan</b>			
-attends regular appointments			
-takes medications as ordered			
-intradialytic weight gains < 2kg/day			

**IDENTIFIED CONCERNS**

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Name of Person Providing Information: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_