



Dialysis Treatment Adherence Form

Please complete this form for each patient being referred to the Trinity Health St. Mary's Kidney Transplant Program. We appreciate your input!

Patient Name: _____ DOB: _____

Please complete all questions based on the patient's past 6 months of treatment.

Does the patient attend dialysis treatments on scheduled days and times? Yes No

How many unexcused absences did the patient have? _____
(Do not include hospitalizations.)

How many times did patient shorten treatments by greater than 15 minutes? _____
(Do not include machine errors, health issues, or other factors outside the patient's control.)

Reasons: _____
Examples: transportation barriers, other medical appointments, patient choice

For home dialysis patients only: Please describe any compliance concerns. No concerns

Do lab draws and discussions with the patient indicate they are taking their prescribed medications as ordered? Yes No

Indicate the patient's most recent phosphorous level: _____

If the patient is diabetic, indicate their most recent known Hgb A1C: _____

Has the patient been hospitalized due to fluid overload or high potassium? Yes No

Please list any other barriers **that prevent the patient from actively participating in their care.**
Examples: limited support, mental health concerns, substance abuse, chronically reschedules, limited understanding of their medical condition, low literacy, language barrier, etc.

Dialysis Center Representative/Title

Date