



**Agency:** \_\_\_\_\_

**Output:** \_\_\_\_\_ **Period:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Type of Service	Patients at start of Month  A	Patients Entering Program			Patients Leaving Program			
		New Patients during Month  B	Transfers into Mode  C	Transfers to another Modality  D	Death  E	Transplant  F	Cessation of Treatment  G	Total Patients at end of Month  H
1 Home Haemodialysis								
2 In-Centre Haemodialysis								
3 Satellite Haemodialysis								
4 Continuous Ambulatory Peritoneal Dialysis								
5 Intermittent Peritoneal Dialysis								
6 TOTAL (= 1 to 5)								

Signed (Chief Executive Officer): \_\_\_\_\_ Date: \_\_\_\_\_