



Dialysis Patients

111 S6

Public Hospital Monthly Return

This form is used to report data for all patients (admitted and non-admitted) receiving services from the Victorian Maintenance Dialysis Program funded by Acute Health Division. It should be completed at the end of each month and forwarded within *7 working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:			
Agency:	Agency Code:	Month:	Year:

Type of Service	Patients at start of Month	Patients Entering Program		Patients Leaving Program				Total Patients at end of Month
		New Patients during Month	Transfers into Mode	Transfers to another Modality	Death	Transplant	Cessation of Treatment	
	A	B	C	D	E	F	G	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:
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