



Treatment Adherence + Psychosocial Update

Based on the past 6 months of treatment (unless otherwise specified _____)

Patient Name: _____ DOB: _____

Number of unexcused absences: _____

Number of shortened treatments by more than 15 min.: _____

*Do not include reasons outside of patient control such as machine error, staffing shortages, GI upset, cramping, etc.

Reasons: _____

Phosphorus: _____ date: _____

For PD/HHD patients only: Do they attend all clinic visits and provide treatment records? Yes No

Please mark any areas of concern:

- Social support
- Difficulty managing medical care independently
- Maintaining good working relationships with staff
- Mental health / coping skills
- Cognition or memory
- Substance use
- Other barriers: _____

Comments: _____

Dialysis Center Representative/Title

Date

Please fax completed form to (616) 685-8979.