

Network Patient Activity Report

PROVIDER # _____ PROVIDER NAME: _____
 REPORTING MONTH: _____ PHONE: _____
 NAME OF PERSON COMPLETING FORM (print clearly): _____

ACTIVITY SUMMARY REPORT		ADDITIONS:		LOSSES:	
Beginning Patient Census	_____	New ESRD Patient	_____	Transfer Out For Txp (combine AB)	_____
# of additions for the month:	_____	Transfer In	_____	Transfer Out (combine ABC)	_____
# of losses for the month:	_____	Restart	_____	Discontinue	_____
# of modality changes:	_____	Dx After Txp (A&B)	_____	Death	_____
Ending Patient Census	_____	Total Additions:	_____	Recover Function	_____
				Loss to Follow Up	_____
				TOTAL Losses	_____

PATIENT INFORMATION		SSN	Date of Birth	Gender	Zip Code	Date	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility
Last Name		Social Security Number	Date of Birth	Gender (M/F)	ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	ADDITION: 1=New ESRD patient (2728) 2A=Transfer In-Patient previously in Medicare Unit 2B=Transfer In - Patient New to ESRD Registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	LOSS: 5A=Transfer out for txp in US 5B=Transfer out for txp outside US 6A=Transfer out to another ESRD MC unit 6B=Transfer out to prison/other country 6C=Transfer out-Involuntary Discharge 7=Discontinue 8=Death 9=Recover Function 10=Lost to Follow Up	Neutral Events: 11=Modality Change 15=Interruption in Service 16=Resume Service	CURRENT MODALITY OF PATIENT: (Write in current Modality) Hemo Modalities In Center Hemo Home Hemo Home Assisted Hemo In Center - Self Frequent Dialysis-In Center Frequent - Home Hemo PD Modalities CAPD CCPD In Center IPD Home IPD	Where is the patient going to, or coming from? (ENTER PROVIDER NUMBER or NAME and STATE or Country)
First Name											
1											
2											
3											
4											
5											
6											
7											