

Name / Nama : _____ Gender / Jantina : _____

NRIC No / KP : _____ Age / Umur : _____

Checklist (For official use only)

1.	Blood Test Status
	<p>Hep. B <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. C <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. B + C <input type="checkbox"/> Triple Negative <input type="checkbox"/></p> <p>IMPORTANT NOTE: PATIENT _____</p>

2.	Commencement of Dialysis	Date :
	<p>Name of Dialysis Centre : _____</p> <p>Facility Available for : _____</p> <p>Actual Date of Commencement : _____ <i>(To be filled by CM / SN In-Charge)</i></p> <p>Signature of Centre Manager / Staff Nurse In-Charge : _____</p>	

3.	Patient Category
	<p><input type="checkbox"/> Self Paying <input type="checkbox"/> Subsidized Patient <input type="checkbox"/> Others / Specify</p> <p>Date Received MOH subsidy : _____</p>

4.	Financial Assistance With Effect From
	<p><input type="checkbox"/> PDWF (Date : _____) <input type="checkbox"/> PWF (Date : _____)</p> <p><input type="checkbox"/> Hardcore Poor (Date : _____) <input type="checkbox"/> Others : _____ (Date : _____)</p>

4. Family Information / *Maklumat Keluarga*

Name <i>Nama</i>	Relationship <i>Hubungan</i>	Staying Together <i>Tinggal Bersama</i> If Not, Where <i>Jika Tidak, Di Mana</i>	Age <i>Umur</i>	Occupation <i>Pekerjaan</i>	Monthly Income <i>Pendapatan Bulanan</i>	Marital Status <i>Taraf Perkahwinan</i>	No of Children <i>Jumlah Anak</i>	Age of the Children <i>Umur Anak</i>	Contribution to Applicant <i>Sumbangan Kepada Pemohon (RM)</i>
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							
		Yes / No							

5. Type of Accommodation / *Maklumat Rumah Kediaman* (Please tick / *Sila tanda*)

Own / *Sendiri* Rent / *Sewa* Others (Specify) / *Lain-lain (Nyatakan)* _____

Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran* : RM _____

Commence payment from _____ until _____ (Attach loan agreement/loan approval)

Tempoh bayaran bermula dari (Year/Tahun) hingga Year/Tahun (Lampirkan surat perjanjian/kelulusan pinjaman)

- | | | |
|--|---|---|
| <input type="checkbox"/> Low Cost Flat / <i>Rumah Pangsa</i> | <input type="checkbox"/> Shop House / <i>Rumah Kedai</i> | <input type="checkbox"/> Bungalow / <i>Banglo</i> |
| <input type="checkbox"/> Single Storey Terrace / <i>Teres Setingkat</i> | <input type="checkbox"/> Double Storey Terrace / <i>Teres Dua Tingkat</i> | <input type="checkbox"/> Squatter / <i>Rumah Setinggan</i> |
| <input type="checkbox"/> Apartment (Pangsapuri) / <i>Condominium (Kondominium)</i> | | <input type="checkbox"/> Village House / <i>Rumah Kampong</i> |

6. Total Monthly Household Income & Expenditure

(Household is defined here as including family members you are living with)

Jumlah Pendapatan & Perbelanjaan Isi Rumah Sebulan

(Isi rumah termasuk ahli-ahli keluarga yang tinggal bersama tuan / puan)

INCOME / PENDAPATAN	RM
1. Personal Income / <i>Pendapatan Sendiri</i>
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>
3. Contributions From Relatives Outside Household / <i>Sumbangan Dari Saudara-mara</i>
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>
.....	
.....	
TOTAL INCOME / JUMLAH PENDAPATAN	

EXPENDITURE / PERBELANJAAN	RM
1. EPF Contribution (<i>Sumbangan KWSP</i>) / SOCSO Deductions (<i>Potongan SOCSO</i>) / Income Tax (<i>Cukai Pendapatan</i>)
2. Food (including baby food) / <i>Makanan (termasuk makanan bayi)</i>
3. Rental (home / shop) / <i>Sewa (rumah / kedai)</i>
4. Installment (house / vehicle) / <i>Ansuran (rumah / kenderaan)</i>
5. Telephone Bill / <i>Bil Telefon</i>
6. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>
7. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>
8. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>
9. Entertainment / <i>Hiburan</i>
10. Domestic Helper (Maid) / <i>Pembantu Rumah</i>
11. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>

TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	

BALANCE / BAKI	
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7. Assets / Aset (Please tick at the relevant boxes only / *Sila tanda di petak yang berkenaan sahaja*)

- Other properties besides current accommodation / *Harta benda sendiri selain dari kediaman sekarang*
- Other house / *Rumah lain* Shophouse / *Kedai* Factory / *Kilang*
- Building / *Bangunan* Land / *Tanah* Farm/Plantation / *Kebun/Ladang*
- Type / *Jenis* : _____
- Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran* RM _____
- Commence payment from _____ until _____ (Attach loan agreement/loan approval)
- Tempoh bayaran bermula dari (Year/Tahun) hingga (Year/Tahun) (Lampirkan surat perjanjian/kelulusan pinjaman)*
- Own vehicle / *Kenderaan sendiri*
- Motorcycle / *Motosikal* Car / *Kereta* Van / *Van* Bus / *Bas* Lorry / *Lori*
- Model / *Model* : _____ Year / *Tahun* : _____
- Fully Paid / *Bayaran Penuh* On installment / *Bayaran Ansuran* :
- Commence payment from _____ until _____ (Attach loan agreement/loan approval)
- Tempoh bayaran bermula dari (Year/Tahun) hingga (Year/Tahun) (Lampirkan sura perjanjian/kelulusan pinjaman)*
- Own Shares / *Saham Sendiri* Value of Shares / *Nilai Saham* : RM _____
- Bank Account / *Akaun Bank* : Type / *Jenis* _____ Amount / *Jumlah* : RM _____
- Others (Specify) / *Lain-lain (Nyatakan)* _____

- 8.** Every applicant is **required** to attach supporting documents – latest income tax assessment / Form J/ EA Form, latest EPF statement, letter from employer certifying salary and details of ownership of property. The admission process will be delayed if the patient fails to submit the required documents of patient and family members.
*Setiap pemohon **dikehendaki** mengemukakan dokumen yang berkaitan bagi setiap nama yang dinyatakan – borang cukai pendapatan terkini / Borang J / Borang EA, penyata KWSP terkini, surat dari majikan menyatakan gaji bulanan dan maklumat harta. Proses pengambilan pesakit akan ditangguhkan jika pemohon dan ahli keluarga gagal mengemukakan dokumen yang dikehendaki.*

Please tick (v) at the relevant boxes ONLY / Sila tandakan (v) di petak yang berkenaan SAHAJA

- Latest Income Tax Assessment/Form J/EA Form (*Borang cukai pendapatan terkini/Borang J/Borang EA*)
- Patient / *Pesakit* Spouse / *Suami /Isteri* Children / *Anak-anak*
- Sibling / *Adik-beradik* Parents / *Ibu bapa*
- Latest EPF Statement / *Penyata KWSP terkini*
- Patient / *Pesakit* Spouse / *Suami /Isteri* Children / *Anak-anak*
- Sibling / *Adik-beradik* Parents / *Ibu bapa*
- Latest payslip or letter from employer stating salary / *Surat dari majikan atau slip gaji terkini*
- Patient / *Pesakit* Spouse / *Suami /Isteri* Children / *Anak-anak*
- Sibling / *Adik-beradik* Parents / *Ibu bapa*
- Latest Savings/Fixed Deposit/Current Account/Passbook Statement (*Penyata akaun tetap/Simpanan Terkini*)
- Patient / *Pesakit* Spouse / *Suami /Isteri* Children / *Anak-anak*
- Sibling / *Adik-beradik* Parents / *Ibu bapa*
- Others (Please specify) / *Lain-lain (Nyatakan)* _____

9. TERMS AND CONDITIONS FOR ADMISSION INTO NKF HAEMODIALYSIS PROGRAMME

SYARAT-SYARAT DAN PERATURAN UNTUK MASUK KE PROGRAM HEMODIALISIS NKF (YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA)

- a) Applicant is a Malaysian citizen.
Pemohon adalah warganegara Malaysia.
- b) Applicant is 12 years and above.
Pemohon adalah berusia 12 tahun ke atas.
- c) Applicant is ambulant (able to move independently).
Pemohon boleh bergerak sendiri.
- d) Applicant has suitable functional vascular access (e.g. fistula).
Pemohon mempunyai fistula yang berfungsi dengan baik.
- e) Applicant has no other recourse to regular haemodialysis.
Pemohon tiada tempat lain untuk menjalani dialisis.
- f) Applicant is prepared to appear before the Patient Selection and Welfare Committee of NKF prior to being considered for the programme.
Pemohon sedia hadir di hadapan Jawatankuasa Pemilihan dan Kebajikan Pesakit NKF untuk dipertimbangkan memasuki program hemodialisis.
- g) Applicant must agree to a visit to his / her home by a Welfare Manager / Officer or an Officer nominated by the NKF with a view to verifying all information given.
Pemohon mestilah bersetuju dilawati oleh Pengurus / Pegawai Kebajikan atau seorang Pegawai yang dilantik oleh NKF untuk tujuan memastikan keterangan adalah benar.
- h) Applicant is prepared to pay treatment fee of RM100.00 per dialysis session on admission until the approval of **government subsidy** of RM50.00 per dialysis session is given by the Ministry of Health (MOH). NKF will henceforth charge RM50.00 per dialysis session. NKF will apply to MOH for approval of government subsidy on behalf of the patient.
*Pemohon bersetuju membayar RM100.00 bagi setiap kali dialisis dari tarikh kemasukan sehingga mendapat kelulusan **subsidi kerajaan** sebanyak RM50.00 bagi setiap kali dialisis diberi oleh Kementerian Kesihatan Malaysia (KKM). NKF seterusnya akan mengenakan bayaran sebanyak RM50.00 bagi setiap kali dialisis. NKF akan memohon kepada KKM untuk mendapat kelulusan subsidi bagi pihak pesakit.*
- i) Applicant is prepared to pay an advance of RM300.00 for week's treatment payable on the first session of each week before approval of government subsidy of RM50.00 per dialysis is given and an advance of RM150.00 payable on the first session of each week after approval from the Ministry of Health (**MOH**).
*Pemohon bersetuju membayar wang pendahuluan sebanyak RM300.00 bagi rawatan untuk seminggu dan wang pendahuluan perlu dibayar pada hari dialysis pertama setiap minggu sebelum kelulusan subsidi kerajaan sebanyak RM50.00 bagi setiap kali dialysis diberikan dan wang pendahuluan sebanyak RM150.00 perlu dibayar pada hari dialysis pertama setiap minggu selepas mendapat kelulusan daripada **Kementerian Kesihatan Malaysia (KKM)**.*

- j) Applicant is prepared to pay treatment fee as stated above. This fee is subject to change by the NKF as and when it deems necessary. This amount is payable prior to treatment.
Pemohon bersetuju membayar yuran rawatan seperti yang tersebut di atas. Bayaran ini adalah tertakluk kepada perubahan oleh NKF jika dan apabila perlu. Bayaran ini hendaklah dibayar sebelum rawatan.
- k) Applicant who fails to obtain the subsidy approval from MOH will have to pay RM100.00 per dialysis while his appeal is referred to MOH for reconsideration. If the appeal to MOH is rejected, the case will be referred to the Patient Selection and Welfare Committee of NKF for its final decision to allow the patient to continue dialysis or terminate his dialysis treatment in NKF.
Pemohon yang gagal mendapat kelulusan daripada KKM perlu membayar RM100.00 bagi setiap kali dialisis sementara menunggu keputusan rayuan daripada KKM. Sekiranya rayuan daripada KKM ditolak, pemohon akan dirujuk kepada Jawatankuasa Pemilihan dan Kebajikan Pesakit untuk pertimbangan dan keputusan yang diberi samada membenarkan pesakit meneruskan dialisis atau memberhentikan pesakit daripada dialisis di NKF adalah muktamad.
- l) The selected patient must be willing to undergo 4 hourly dialysis 3 times a week at NKF Dialysis Centre at the dates and times fixed by the Centre.
Pemohon yang dipilih hendaklah bersetuju menjalani dialisis 4 jam setiap kali sebanyak 3 kali seminggu di Pusat Dialisis NKF pada tarikh dan masa yang ditetapkan oleh Pusat Dialisis.
- m) The patient is reviewed every 12 months by NKF Welfare Manager / Officer with regard to his / her suitability to continue the haemodialysis programme.
Pesakit akan dikajisemula untuk menentukan kesesuaian menjalani rawatan dialisis oleh Pengurus / Pegawai Kabajikan setiap 12 bulan.
- n) The patient or helper if interested may undergo training in the use of the dialysis machine and washing of lines at NKF Dialysis Centre in order to function independently.
Pesakit atau pembantu yang berminat boleh menjalani latihan mengendalikan mesin dialisis di Pusat Dialisis NKF untuk membolehkan mereka berdikari.
- o) The patient must be willing to sign a contract with the NKF before commencing the dialysis programme.
Pesakit hendaklah bersetuju menandatangani perjanjian dengan NKF sebelum menjalani rawatan dialisis.
- p) The patient must be willing to accept a Cadaveric Kidney Transplant when available.
Pesakit hendaklah bersetuju menjalani pembedahan buah pinggang apabila perlu.

q) **THE PATIENT'S PROGRAMME CAN BE TERMINATED IF :**
PESAKIT BOLEH DITAMATKAN PROGRAM DIALISIS SEKIRANYA :

- i) He/ She fails to turn up for more than 3 dialysis sessions within a month without valid reasons.
Pesakit gagal hadir untuk dialisis 3 kali sebulan tanpa alasan yang munasabah.
- ii) He / She is no longer ambulant.
Pesakit tidak boleh lagi bergerak secara normal.
- iii) His / her condition has deteriorated with complications such as heart disease, infection, stroke etc. or needs to be transferred to CAPD.
Keadaan pesakit bertambah mudarat dengan penyakit seperti sakit jantung, infeksi, serangan angin ahmar atau lain-lain atau perlu dipindahkan untuk CAPD.
- iv) The selected patient is not willing to undergo 4 hourly dialysis 3 times a week at NKF Dialysis Centres at the dates and times fixed by the Centre.
Pemohon yang terpilih tidak bersedia untuk menjalani dialisis 4 jam setiap kali sebanyak 3 kali seminggu di Pusat Dialisis NKF pada tarikh dan waktu yang ditetapkan.
- v) The patient suppresses or gives any incorrect information.
Pesakit menyembunyikan atau memberi maklumat yang palsu.
- vi) He / She is uncooperative, behave or act in such a manner as to cause disruption / disturbance to other patients and affects the administration of the Centre.
Pesakit tidak memberikan kerjasama, berkelakuan atau bertindak dengan cara yang menyebabkan gangguan kepada pesakit-pesakit lain dan menjejaskan kelicinan pentadbiran di Pusat berkenaan.
- vii) He / She fails to comply with the terms and conditions for entry into the NKF Haemodialysis Programme.
Pesakit gagal mematuhi peraturan-peraturan dan syarat-syarat kemasukan ke program hemodialisis NKF.

10. DECLARATION – I declare that :
PENGAKUAN – Saya mengaku bahawa :

- a) I have read, understood and agreed to comply with the terms and conditions.
Saya telah membaca, faham dan bersetuju untuk mematuhi segala syarat-syarat yang telah ditetapkan.
- b) All the particulars given in this form are true and I have not suppressed any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan sebarang maklumat yang dikehendaki.
- c) I am aware that if my application is successful, I will be accepted into the programme for only six months, thereafter my application will be reconsidered.
Saya sedia maklum bahawa jika permohonan ini berjaya, saya akan diterima untuk program ini untuk enam bulan dan akan dipertimbangkan semula selepas tempoh berkenaan tamat.
- d) If I have suppressed or given any incorrect information, NKF reserves the right to discontinue providing treatment to me.
Jika saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan rawatan saya.

NB : Incomplete forms will not be considered / Permohonan yang tidak di isi dengan lengkap tidak akan di pertimbangkan.

Signature / Right Thumb Print
Tandatangan / Cap Jari Kanan

Date
Tarikh

MEDICAL REPORT FOR HAEMODIALYSIS PROGRAMME (*LAPORAN PERUBATAN MENYERTAI PROGRAM HEMODIALISIS*)

Patient's Name : _____

Patient's IC No. : _____

Physician's Name : _____

Physician's Clinic / Hospital : _____

Physician's Tel. No / Pager : _____

Etiology of ESRF : _____

Other medical illness : _____

Allergy : Yes (specify) _____ No

1. SUMMARY OF MEDICAL REPORT:

2. SPECIFIC QUESTIONS :

Is patient ambulant? : Yes No / If Not, Please Specify _____

Is patient fit for a transplant? : Yes No / Remarks _____

3. VASCULAR ACCESS : AV Fistula AV Graft Others Nil

Date Created : _____

In use : Yes No

Location of AV Fistula : Left Arm Right Arm Others, State.....

4. CURRENT TREATMENT : Conservative IPD CAPD Haemodialysis

Date of first dialysis : _____

Place of dialysis : _____

5. INVESTIGATIONS (Fill in and attach printed copy of results) :

HBsAg	:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
Anti HBS	:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
Anti HCV	:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
HIV	:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done
MRSA Screen	:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not done

***** Please attach a printed Lab Test Result of Hepatitis B, C and HIV, failing which application will not be considered**

Attached : Yes No (Reason) _____

Creatinine	:	_____ umol/l	Urea	:	_____ mmol/l
Potassium	:	_____ mmol/l	HCO ₃	:	_____ mmol/l
Calcium	:	_____ mmol/l	Phosphate	:	_____ mmol/l
ALT	:	_____ iμ/l	AST	:	_____ iμ/l
Albumin	:	_____ g/l	Hb	:	_____ g/dl

*** Please attach CXR and ECG report*

6. CURRENT MEDICATIONS :

7. OTHER COMMENTS :

Signature of Physician / Nephrologist

Date