ESKD Life-Plan

Date Completed:_____

Patient Name:

Addressograph

Primary Nephrologist: _____ Phone: _____

Primary Interventionalist: _____ Phone: _____

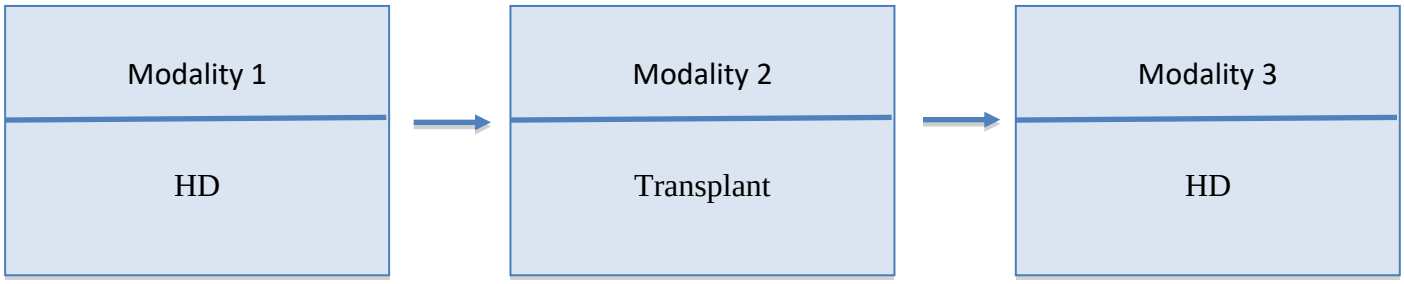
Primary Surgeon: _____ Phone: _____

Primary Care Practitioner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Key Notes: _____

Language(s) Spoken: _____Translator required: _____



Access Strategy	Access Strategy	Access Strategy

I gave input into my ESKD Life-Plan, understand it and agree to it.

I have discussed the RRT options and associated dialysis access strategies with the patient and answered their questions to their satisfaction and understanding

_____ Patient signature

_____ Health care professional signature

This is an annual update: ☐ Yes ☐ No

Has the ESKD Life-Plan changed since the last review: ☐ Yes ☐ No

If YES, the ESKD Life-Plan has changed, fill out a new ESKD Life-Plan document