

Date Completed:	Patient Name:
	<i>Addressograph</i>
Primary Nephrologist:	Phone:
Primary Interventionalist:	Phone:
Primary Surgeon:	Phone:
Primary Care Practitioner:	Phone:
Emergency Contact:	Phone:
Key Notes:	
Language(s) Spoken:	Translator required:

Modality 1	Modality 2	Modality 3
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Access Strategy	Access Strategy	Access Strategy

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

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

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Patient signature

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Health care professional signature

Date:

This is the initial ESKD Life-Plan:  Yes

No

If no, Date of initial ESKD Life-Plan:

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, I confirm that this is a new ESKD Life-Plan document:*  Yes

No