

Date Completed: Jan 1 2022	Patient Name: Joe Smith 56 yo M, right handed, ESKD due to HTN, PVD, GFR 15 ml/min, limited social support and lives in social support housing <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 In-centre HD	Modality 2 Transplant	Modality 3 Home nocturnal HD
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Access Strategy	Access Strategy	Access Strategy
1. Radio-cephalic AVF (L)*	1. Preserve HD current vascular access	<i>Note: Would be re-evaluated during time with transplant</i>
2. Forearm loop graft (L)	2. Protect peripheral and central veins	Goal: to re-start HD with a functioning AV access
3. Brachiocephalic AVF (L)	3. Re-evaluate once receives transplant	
*Deceased donor transplant list	4. Evaluation for AV-access if transplant failing	

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.

Patient signature

Health care professional signature

Date:

This is the initial ESKD Life-Plan: Yes

No

If no, Date of initial ESKD Life-Plan: Jan 1 2021

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 N/A

No