

Network Patient Activity Report

PROVIDER #

PROVIDER NAME:

REPORTING MONTH:

Phone:

NAME OF PERSON COMPLETING FORM (print clearly):

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 <hr style="width: 100%;"/> First Name	Social Security Number	Date of Birth	Gender (M/F)	Patient's ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	1=New ESRD patient (2728) 2A=Transfer In - Pt previously in Medicare unit 2B=Transfer In - Pt new to ESRD registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	5A=Transfer Out for Transplant in US 5B=Transfer Out for Transplant 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	11=Modality Change 15= Interruption in Service 16=Resume Service	WRITE IN Current Modality of patient: Hemo Modalities In Center Hemo Home Hemo Home-Assisted Hemo In Center - Self Frequent Dialysis- In Center Frequent Dialysis- Home PD Modalities CAPD CCPD	Where is the patient going to, or coming from? (ENTER PROVIDER NUMBER or NAME and STATE or Country)
1										
2										
3										
4										
5										
6										
7										
8										
9										