

# Network Patient Activity Report

PROVIDER # **Provider#** PROVIDER NAME: **Provider Name**  
 Ownership: **Ownership**  
 REPORTING MONTH: \_\_\_\_\_ PHONE: **area number**  
**XXX XXX-XXXX**  
 PERSON COMPLETING FORM: \_\_\_\_\_

ACTIVITY SUMMARY REPORT		ADDITIONS:		LOSSES:	
Beginning Patient Census		New ESRD Patient		Transfer out to transplant	
# of additions for the month:	0	Transfer In		Transfer Out (combine ABC)	
# of losses for the month:	0	Restart		Discontinue	
# of modality changes:		Dx After Transplant		Death	
Ending Patient Census	0	<b>Total Additions:</b>		Recover Function	
				Loss to Follow Up	
				<b>TOTAL Losses</b>	

PATIENT INFORMATION		SSN	Date of Birth	Gender	Zip Code	Date	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility
<b>DO NOT Leave Any Fields Blank</b>											
Last Name	First Name	Social Security Number	Date of Birth	Gender (M/F)	ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	<b>ADDITION:</b> 1=New ESRD patient (2728) 2A=Transfer In - Patient previously in Medicare Unit 2B=Transfer In - Patient New to ESRD Registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	<b>LOSS:</b> 5A=Transfer to transplant in US 5B=Transfer out to transplant outside US 6A=Transfer out to another ESRD facility 6B=Transfer out to prison/another country 6C=Transfer out-Involuntary Discharge 7=Discontinue (hospice) 8=Death 9=Recover Function 10=Lost to Follow Up	<b>Neutral Events:</b> 11=Modality Change 15=Interruption in Service 16=Resume Service	<b>CURRENT MODALITY OF PATIENT:</b> (Write in current Modality)  <b>Hemo Modalities</b> In Center Hemo Home Hemo Home Assisted Hemo In Center - Self Frequent Dialysis-In Center Frequent - Home Hemo  <b>PD Modalities</b> CAPD CCPD In Center IPD Home IPD	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											