

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	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
DO NOT Leave Any Fields Blank											
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	ADDITION: 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	LOSS: 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/country/hospice 6C=Transfer out-Involuntary Discharge 7=Discontinue 8=Death 9=Recover Function 10=Lost to Follow Up	Neutral Events: 11=Modality Change 15=Interruption in Service 16=Resume Service	CURRENT MODALITY OF PATIENT: (Write in current Modality) Hemo Modalities In Center Hemo Home Hemo Home Assisted Hemo In Center - Self Frequent Dialysis-In Center Frequent - Home Hemo PD Modalities 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											