**CAMPER MEDICAL/BEHAVIOR HEALTH FORM**

*(To be completed and signed by* ***Specialist)***

Camper’s Name: DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Diagnosis.:

Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Diagnoses:

Mental Health Diagnoses (including any recent hospitalizations for mental health):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the Camper been diagnosed with Autism? **🔾Yes 🔾 No**

Allergies:

Please describe all **current medical problems**:

**\*\*\*\*A copy of the most recent Office/Clinic Visit Notes must also be sent to Camp Boggy Creek\*\*\*\***

**MEDICATIONS**

Name: Dose: Route: Frequency:

Is the child’s development appropriate for his/her age? **🔾Yes 🔾 No**

**If no, at what age does s/he function?**

Pertinent Mental Health Information, including behavior problems that would affect child’s participation in a group: \_\_\_\_\_\_

Please specify any camp activity restrictions:

**Provider Statement:** I have examined this child and find him/her physically/mentally able to attend camp.

I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

**Signature of Specialist Print Specialist Name Date**

**Treatment Center Emergency number Fax number**

**Specialist’s email address**

**(Camp Boggy Creek fax 352-483-2959)**

**Camper Name**

**Camper with Kidney Disease Form**

*(To be completed and signed by* ***Specialist)***

Diagnosis

Is child on dialysis? **🔾Yes 🔾 No** Type of dialysis **🔾**Hemodialysis **🔾**Peritoneal

Schedule of dialysis (i.e. MWF or 6 out of 7 days): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Etiology of ESRD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home dialysis unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent lab data: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Na+ \_\_\_\_\_ K+ \_\_\_\_\_ Cl- \_\_\_\_\_ BUN \_\_\_\_\_ Creat \_\_\_\_\_

Ca++ \_\_\_\_ Phos\_\_\_\_\_ Alb\_\_\_\_\_ Cholesterol profile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCO3- \_\_\_\_\_ Hgb \_\_\_\_Hct \_\_\_\_ WBC \_\_\_\_\_\_ Platelets \_\_\_\_\_

Hepatitis status and liver function results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIV status\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Other pertinent results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfusion reactions: Date\_\_\_\_\_\_\_\_\_\_\_ Product given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special dietary Rx: Protein\_\_\_\_\_\_\_\_\_ Na+ \_\_\_\_\_\_\_\_\_\_ K+\_\_\_\_\_\_\_\_ Phos\_\_\_\_\_\_

Fluid limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplements?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KIDNEY TRANSPLANT CAMPERS ONLY**

Date of transplant:\_\_\_\_\_\_\_\_\_\_\_\_ Date of last rejection episode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will labs need to be checked while at camp? **🔾Yes 🔾 No**

If yes, FAX results to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Specialist Print Specialist Name Date**



**Camper Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEMODIALYSIS INSTRUCTIONS**

Access type: Catheter \_\_\_\_ Fistula \_\_\_\_ Graft \_\_\_\_

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cath. vol.: \_\_\_\_\_\_cc Arterial \_\_\_\_\_cc Venous Lines: Adult \_\_\_\_ Pediatric \_\_\_\_

Dialyzer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dialyzer surface area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any dialyzer adverse reactions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatments per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dialysate Na+\_\_\_\_\_ K+\_\_\_\_\_ Ca++\_\_\_\_ Bicarb/acetate\_\_\_\_\_\_

Na+ modeling? Yes\_\_\_\_ No\_\_\_\_ Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use of Lidocaine or EMLA?\_\_\_\_\_ Details:\_\_\_\_\_\_\_\_\_\_\_\_ QB \_\_\_\_\_ Dry wt\_\_\_\_\_\_

Heparinization: Initial\_\_\_\_\_\_units, Maint. \_\_\_\_\_\_ units, Total \_\_\_\_\_\_\_ Stop time \_\_\_\_\_\_\_\_\_

Medications during dialysis: Epogen\_\_\_\_\_\_\_\_ Calcijex\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual pretreatment BP: \_\_\_\_\_/\_\_\_\_\_ Usual post treatment BP: \_\_\_\_\_/\_\_\_\_\_

Usual weight gain between dialysis\_\_\_\_\_\_\_\_\_\_\_\_ Usual UF achieved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual treatment for: Cramping? \_\_\_\_\_\_\_\_\_\_\_\_\_ Hypotension? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any behavioral concerns during treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERITONEAL DIALYSIS INSTRUCTIONS**

What brand of cycler does the camper use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What brand of supplies does camper use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company providing supplies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does the treatments for the patient? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has patient had peritonitis? Yes\_\_\_\_ No\_\_\_\_ Dates and Treatment of most recent episode:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campers showing S&S of peritonitis will be treated according to our protocol. Please specify any antibiotics/treatments you prefer not be used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual additives:\_\_\_\_\_\_\_\_\_\_ Exit site protocol:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tape sensitivity? \_\_\_\_\_\_\_\_\_\_

Special precautions for swimming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(our protocol calls for site cleansing and dressing change after every swim)

CAPD: Vol\_\_\_\_\_\_\_ Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dialysate Conc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCPD: Vol of exchange\_\_\_\_\_\_\_\_ # of exchanges\_\_\_\_\_\_\_\_ Cycler type \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dialysate: # liters 1.5%:\_\_\_\_\_\_\_\_\_ # liters 2.5%:\_\_\_\_\_\_\_\_\_\_ # liters 4.25%\_\_\_\_\_\_\_\_\_\_\_\_

Exchange times: Fill\_\_\_\_\_\_\_ Dwell\_\_\_\_\_ Drain\_\_\_\_\_ Tubing - Adult/Peds?\_\_\_\_\_\_

Daytime dwell? Yes\_\_\_\_ No\_\_\_\_ If yes, volume\_\_\_\_\_\_ Conc\_\_\_\_\_\_\_\_\_\_\_\_\_

