

DIALYSIS APPLICATION FORM 洗腎申請表格

Ref No.	
Issued On	
Rec'ed On	

NAME 姓名 (中/英) :

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[illegible]

I/C NO 身份证号码 : - - AGE 年龄 :

DATE OF BIRTH 出生日期 : DAY 日 MONTH 月 YEAR 年

NATIONALITY 国籍 : ☐ MALAYSIAN 马来西亚公民 ☐ OTHERS 其他

RACE 种族 : ☐ CHINESE 华 ☐ MALAY 巫 ☐ INDIAN 印 ☐ OTHERS 其他

SEX 性别 : ☐ MALE 男 ☐ FEMALE 女 RELIGION 信仰 :

LANGUAGE 语言 : ☐ MALAY 马来语 ☐ ENGLISH 英语 ☐ CHINESE 华语
☐ TAMIL 淡米尔语 ☐ OTHERS 其他

MARITAL STATUS 婚姻状况 : ☐ SINGLE 单身 ☐ MARRIED 已婚 ☐ DIVORCED 离婚
☐ WIDOW 寡妇 ☐ WIDOWER 鳏夫

[illegible]

TEL电话: [] [] [] - [] [] [] [] [] [] H/P 手提电话: [] [] [] - [] [] [] [] [] []

[illegible]

TEL电话: [] [] [] - [] [] [] [] [] [] [] H/P 手提电话: [] [] [] - [] [] [] [] [] [] []

☐ OWN 自己 : ☐ Fully Paid 付清 ☐ On Installment 供期 : RM _____/mth

☐ RENT 租 [RM _____/month]

☐ LOW COST 廉价组屋 ☐ APARTMENT/CONDO 公寓 ☐ SINGLE STOREY 单层排屋

☐ DOUBLE STOREY 双层排屋 ☐ SHOPHOUSE 店屋 ☐ OTHERS 其他

B. EDUCATIONAL BACKGROUND 学历

Level / Course 学历/课程	Year 年份	Name of School 学校名称	Results 成绩
Primary 小学			
Secondary 中 学			
STPM 高级教育文凭			
University/College 大学/学院			
Others 其他			

C. DETAILS OF EMPLOYMENT 工作资料

MONTHLY INCOME 每月收入:

[illegible]

TEL 电话：

			-								
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EMPLOYER ADDRESS 雇主地址:

[illegible]

IF UNEMPLOYED, PLEASE STATE: 若失业, 请说出:

[illegible][illegible]☐ YES 有

EPF NO 号码

☐ YES 有

SOCSO NO号码

☐ YES 有

POLICY NO 号码

☐ YES 有

TAX NO 号码

☐ YES 有☐ NO 没有

D. FINANCIAL BACKGROUND 经济情况

•

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☐ YES 有☐ NO 没有
$$\vdots$$

RM

					-		
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PANY 公

☐ YES 有☐ NO 没有

Company tel.no 公司电话号码:

			-								
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$$\vdots$$

RM

					-			
--	--	--	--	--	---	--	--	--

N 慈善

☐ YES 有☐ NO 没有
$$\vdots$$

RM

					-			
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E. APPLICANT FAMILY INFORMATION 申请者家庭资料

1. List of family members staying together 同住家庭成员

[illegible]

2. List of family members not staying together 不同住家庭成员

[illegible]

F. TOTAL MONTHLY HOUSEHOLD INCOME AND EXPENDITURE
家庭成员月收入及支出报告

1. INCOME 收入		RM
<i>Own Income (applicant)</i>	个人收入	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Household Family Income (E1)</i>	家里成员收入	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Contribution from children (E2)</i>	其他孩子贡献	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Other Income</i> :	其他收入	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TOTAL INCOME 总收入:		<div style="border: 3px double black; height: 20px; width: 100%;"></div>

2. EXPENDITURE 支出		
<i>EPF / SOCSO</i>	公积金	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Food</i>	伙食	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>House Installment</i>	住宅供期	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>House Rental</i>	租金	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Vehicle Installment</i>	交通工具供期	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Schooling Expenses</i>	教育费用	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Utilities (Water, Electricity, Telephone, Astro & etc)</i>	杂费	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Transportation</i>	交通费用	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<i>Other expenses</i> : _____	其他	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TOTAL EXPENDITURE 总开支:		<div style="border: 3px double black; height: 20px; width: 100%;"></div>

3. BALANCE INCOME 收入余额		
NO.	DESCRIPTION	RM
1	TOTAL INCOME 总收入	
2	TOTAL EXPENDITURE 总开支	
	BALANCE 余额	

4. MEDICAL EXPENSES 医疗费用		
NO.	DESCRIPTION	RM
1	Dialysis Fee 洗肾费用	
2	Medication 医药	
3	Injection EPO 补针费用	
4	Others 其他	

- 1 Applicant is a Malaysian Citizen.
申请者必须是马来西亚公民。
- 2 Applicant is aged 18 years and above or as per MOH guidelines.
申请者必须18岁或以上，或根据马来西亚卫生部的指南。
- 3 Applicant must have a full dose of COVID-19 vaccination.
申请者必须完成新冠肺炎的疫苗接种。
- 4 Applicant is ambulant.
申请者必须行动方便。
- 5 Applicant has suitable functional vascular access, except for a temporary Femoral Catheter.
申请者必须拥有运作良好的动静脉造瘘，临时股动脉导管除外。
- 6 Applicant is prepared to have a regular blood test to assess the medical condition and quality condition.
申请者必须接受例常血液检验，以作为医药与素质评估。
- 7 Applicant must be certified medically fit by SSL's panel Consultant Nephrologist.
申请者必须由修成林所指定的肾脏专科医生证明符合本中心的医药条件。
- 8 Applicant is prepared to meet the SSL Committee Member before being considered for the programme.
申请者需准备出席本中心理事会所预定的面试。
- 9 Applicant must agree to a Committee and Social Worker's visit to his/her home with a view to verifying all information given.
申请者必须接受本中心所委派的社工进行家访，以鉴定所提呈的资料。
- 10 Applicant is prepared to pay a dialysis treatment fee of RM60.00 per session, starting from the date of commencing dialysis treatment, and the fee is subject to revise by SSL.
申请者于本中心洗肾开始，必须缴付每次RM60的洗肾费。本中心有权更改收费。
- 11 Applicant is prepared to pay a treatment fee of RM10 per session, after a Kementerian Kesihatan Malaysia (KKM) or Perkeso subsidy is granted.
申请者在获得马来西亚卫生部或社险的津贴后，需缴付每次RM 10的洗肾费。
- 12 The selected patient must be willing to undergo dialysis at the Centre at the dates and times fixed by the Centre, three times per week, 4 hours per session. Unless reviewed & ordered by a Nephrologist.
病人须遵照本中心所规定的日期与时间进行洗肾，既每周3次，每次4小时。若经肾脏专科医生的检查和嘱咐除外。
- 13 Reselection-The patient is reviewed every 6 months with regards to his suitability to continue on the dialysis programme.
本中心将在每6个月对病人进行评估，以确定病人是否适合继续于本中心进行洗肾。
- 14 The patient's programme can be terminated if:
病人的洗肾疗程可被终止，若：
 - (a) He/She fails to turn up for more than 3 successive dialysis sessions without a valid reason.
病人连续3次无故缺席洗肾。
 - (b) He/She is bed-ridden
病人卧病在床。
 - (c) His/Her health condition has deteriorated or is unstable such as needing oxygen support etc.
病人健康状况衰退或不稳定，如：需要氧气支援等。
 - (d) He/She is uncooperative and fails to keep within the terms of the contract drawn up.
病人不合作及抵触合约的条款。
- 15 The patient must be willing to sign a contract with SSL before commencing the dialysis programme.
病人正式接受洗肾之前，必须与修成林洗肾福利基金签署合约。
- 16 Applicant with HIV-positive and combined Hep B & Hep C infected patients will not be accepted by SSL.
本中心恕不接受爱滋病及B型C型肝炎带菌者。

DECLARATION

We, _____ (*Name of witness*) and _____ (*Name of the patient*) hereby confirm that :

- i. We have read, understood and agreed to comply with the terms and conditions. All the particulars given in this form are true and we have not suppressed any information required.
- ii. If the patient / witness have suppressed or given any incorrect information, SSL reserves the right to terminate the dialysis treatment and we will not take any legal action against SSL.
- iii. We also understand that if this application is successful, the patient will be accepted for dialysis for only 6 months. Thereafter, the application will be reconsidered.
- iv. Upon acceptance, we agree to obey all the rules and regulations set by Pemegang Amanah Yayasan Kebajikan SSL Haemodialysis Berdaftar "SSL".

宣誓

我们, _____ (见证人姓名)与 _____ (申请者姓名) 宣誓:

- i. 我们已经阅读, 明白及同意遵守所有的条规。所提呈的资料全属正确, 以及没有任何隐瞒。
- ii. 如本人或见证人有隐瞒或虚报资料, 洗肾中心有权终止有关洗肾服务, 病者/见证人不能对本中心采取任何法律行动。
- iii. 同时, 我们也明白, 申请者必须经过6个月洗肾试用期, 之后其申请将重新被考虑, 以作出决定。
- iv. 一旦申请被修成林洗肾中心接受, 我们同意遵守中心内所有的规则。

Signature of patient 申请者签名

Signature of witness 见证人签名

Name 姓名 : _____
I/C No. 身份证号码 : _____
Date 日期 : _____

Name 姓名 : _____
I/C No. 身份证号码 : _____
Relationship 关系 : _____
Occupation 职业 : _____
Address 地址 : _____

Tel no. 电话 : _____
Date 日期 : _____

SUPPORTING DOCUMENTS CHECKLIST 文件核對

Documents from applicant 申請者文件

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1) 二张身份证副本及四张护照型照片
2 photocopy of I/C & 4pcs Latest Passport Size Photo | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 2) 医药报告及心脏电跳图(若有)
Medical Report from hospital & ECG report (if any) | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 3) 最新3个月内之验血报告 -
必需包括梅毒检验, 愛滋病 I & II 形抗體, A、B、C 肝炎抗体及抗原
Blood test report with VDRL (RPR), HIV I & II, Hepatitis A, B, C, Antigen and Antibody
(must within 3 months) | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |

Documents from applicant and family members 申請者及家庭成员文件

- | | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1) 薪水单或雇主证明薪水信
Latest Salary Slip or Certify letter from Employer | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 2) 所得稅单据
Latest B/BE Form & EA Form | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 3) 公积金单据, 或曾经提款之收据
Latest EPF Statement or Proof of EPF withdrawal statement (if any) | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 4) 存款帐簿副本、往來帳戶陳述、定期存款表
Photocopy of saving account passbook, current account bank statements or FD slip | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 5) 租屋或分期付款收据
Photocopy of Housing loan document / Housing rental receipt | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 6) 汽車貸款信件
Photocopy of Hire Purchase Agreement schedule | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 7) 保险保单信件
Photocopy of Insurance Policy Schedule | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 8) 信用卡帳单
Latest Credit card statement | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |
| 9) 电、水、电话和Astro帳单副本
Photocopy of Utility bills (electricity, water, telephone, Astro & etc) | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |

備註 Notes:

1) 若以上之任何文件不完整, 本中心有权不接受或处理此申请。

* SSL reserve the right NOT TO ACCEPT the incomplete application form or without any supporting documents as listed above.

** Kami berhak MENOLAK borang permohonan yang tidak lengkap dan tidak melampirkan salinan dokumen yang mencukupi .

2) 所有以上所需要的文件必需在两个星期内呈交给修成林, 任何延迟修成林将不负责。

* The application form and supporting documents MUST BE submitted to SSL within 2 weeks after collection of the form, SSL shall not be held responsible on any cause of delay

** Semua dokumen yang dikehendaki dalam senarai semakan MESTI diserahkan kepada SSL dalam masa dua minggu,sebarang kelewatan pihak SSL tidak akan bertanggungjawab.

MEDICAL REPORT

To the Doctor incharge,

- Kindly complete the questionnaire in full. The report should indicate the period for which the patient was put under care of the referring physician and provide an adequate resume of the patient's clinical history.
- If the referring physician has specific reservations about the medical suitability of the patient for the treatment applied for, these should be clearly declared.
- The referring Nephrologist should undertake to continue to treat the patient jointly with Pemegang Amanah Yayasan Kebajikan SSL Heamodialysis Berdaftar after the patient is accepted for dialysis.

Patient's Name : _____

Physician's Name : _____

Patient I/C No. : _____

Physician's Clinic/Hospital : _____

Diagnosis Primary _____

Secondary _____

1. SUMMARY OF MEDICAL REPORT :

2. SPECIFIC QUESTIONS

(SPECIFY)

a) Is the patient mentally or educationally normal ? ☐ Yes ☐ No _____

b) Is the patient ambulant ? ☐ Yes ☐ No _____

c) Does the patient suffer any vision, hearing or physical disability? ☐ Yes ☐ No _____

d) Has the patient had any previous surgery (including transplantation)? ☐ Yes ☐ No _____

Application For Haemodialysis Programme

e) Does the patient have other significant disease(s) that would mitigate against response to treatment ?

☐ Yes ☐ No _____

If so, please specify :

- Coronary artery disease ☐ Yes ☐ No
- Cerebrovascular disease ☐ Yes ☐ No
- Peripheral vascular disease ☐ Yes ☐ No
- Chronic pulmonary disease ☐ Yes ☐ No
- Diabetes mellitus ☐ Yes ☐ No
- Malignancy ☐ Yes ☐ No
- Other systemic disease ☐ Yes ☐ No _____

f) Has the patient undergone peritoneal dialysis?

☐ Yes ☐ No

If yes, please specify : ☐ Acute ☐ Long Term

g) Has the patient been considered for transplantation ?

☐ Yes ☐ No

If yes, please specify : ☐ Living related ☐ Cadaveric

h) Is the patient likely to be medically fit to work ?

☐ Yes ☐ No _____

i) Allergy :

☐ Yes ☐ No _____

j) Other medical illness : _____

3. VASCULAR ACCESS

☐ AV Fistula ☐ AV Graft ☐ Others, _____

Date Created : _____ Location : _____ In Use : Yes ☐ No ☐

4. CURRENT TREATMENT :

☐ Conservative ☐ IPD ☐ CAPD ☐ Heamodialysis

Date of first dialysis : _____ Place of dialysis : _____

PEMEGANG AMANAH YAYASAN KEBAJIKAN SSL HEAMODIALYSIS BERDAFTAR
Application For Haemodialysis Programme

5. INVESTIGATIONS (Please attach a copy of latest blood test result)

HbsA	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done
Anti HBS	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done
Anti HCV	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done
HIV	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done
VDRL	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done
MRSA Screen	:	<input type="checkbox"/> positive	<input type="checkbox"/> negative	<input type="checkbox"/> not done

Creatinine (umol/l) : _____

Urea (mmol/l) : _____

Potassium (mmol/l) : _____

HCO₃ (mmol/l) : _____

Calcium (mmol/l) : _____

Phosphate (mmol/l) : _____

ALT (iu/l) : _____

AST (iu/l) : _____

Albumin (g/l) : _____

HB (g/dl) : _____

6. CURRENT MEDICATIONS :

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. OTHER COMMENTS :

Signature of Nephrologist / Physician

Date

Hospital Chop :