CAMPER MEDICAL 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 _____

HCO_3^- _____ 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_____

CAMP Boggy CREEK