Patient Activity Report

PROVIDER #: **PROVIDER NAME:** **REPORTING MONTH/YEAR:**

SIGNATURE: **PHONE:**

PATIENT INFORMATION				ADDITIONS			LOSSES			NEUTRAL EVENTS		
Last Name	**First Name**	**Social Security Number**	**Date of Birth**	**TYPE OF ADDITION:** **1**=New ESRD patient (2728) **2A**=Transfer In-Patient previously in Medicare Unit **2B**=Transfer In - Patient New to ESRD Registry **3**=Restart **4**=Dialysis After Transplant	**CURRENT MODALITY OF PATIENT:** **1**=CAPD **2**=CCPD **3**=Home IPD **4**=Home Hemo **5**=In Center IPD **6**=In Center Hemo **8**=Home Assisted Hemo **17**=In Center Self **19**=In Center Frequent Dialysis **20**=Frequent Home Hemo	**DATE OF ADDITION TO DIALYSIS FACILITY**	**TYPE OF LOSS:** **5**=Transfer out for transplant **6A**=Transfer out to another ESRD Medicare unit **6B**=Transfer out to a non-Medicare unit **6C**=Transfer out-Involuntary Discharge (List Reason 1,2,or3) **7**=Discontinue **8**=Death **9**=Recover Function **10**=Lost to Follow Up	If the Patient was a Transfer out or a Transfer out for Transplant, what unit or Transplant Hospital did the patient go to? (ENTER PROVIDER NAME or NUMBER) List the type of transplant: CAD, LRD, LURD	**DATE OF LOSS FROM DIALYSIS FACILITY**	**Type of Neutral Events:** **11**=Modality Change **15**=Interruption in Service **16**=Resume Service	**CURRENT MODALITY OF PATIENT:** **1**=CAPD **2**=CCPD **3**=Home IPD **4**=Home Hemo **5**=In Center IPD **6**=In Center Hemo **8**=Home Assisted Hemo **17**= n Center Self **19**=In Center Frequent Dialysis **20**=Frequent Home Hemo	**DATE OF EVENT AT DIALYSIS FACILITY**
LNAME	FNAME	SSN	DOB	EVENT	MODALITY	DATE	EVENT	PROVIDER	DATE	EVENT	MODALITY	DATE