

**Ruth Gottscho Dialysis and Children's Kidney Program
at Frost Valley YMCA**

www.frostvalley.org/kidney

**Medical Summary
REQUIRED FROM NEPHROLOGIST**

Camper's Name and date of birth: _____ **Camp Session** _____

Your nephrology patient is applying for kidney camp for a session at Frost Valley YMCA this summer. In order to accept this child for camp, we must review their medical information by **March 1**. Please provide a detailed, typed medical summary including:

- ESRD/CKD diagnosis
- other diagnoses
- history & physical
- recent hospitalizations
- allergies & immunizations (including COVID)
- developmental/learning/behavioral issues
- recent psychosocial or letter from social worker appreciated
- current problems
- current medications
- dialysis prescription (hemo)
- recent labs

For dialysis patients, please provide recent URRs or Kt/V's, and describe any access problems. For transplant and CKD patients, please describe any chronic/acute rejection and treatment, or recurrence of FSGS/plasmapheresis, or other immune risk.

Please describe any pertinent issues regarding coping, adherence, mental health concerns, or behavior. Include a summary from social work, and from psychologist or psychiatrist if necessary.

If child is seen by another specialist (endocrinology, cardiology, neurology, etc), please be sure to include information and contacts for them.

Please attach a copy of a RECENT History & Physical with your letter.

We will request a brief transfer form, labs, and current med list, in the month prior to camp arrival, and transient dialysis forms and prescription if needed.

If you have any questions regarding whether your patient is medically appropriate for camp, please contact Dr. Kaskel at 718-655-1120, or Maya Doyle at mdoyle@montefiore.org.

All camp application materials should be emailed to mdoyle@montefiore.org.

We do our best to accommodate the needs of every child; communication is key!

111 East 210th Street, Bronx, NY 10467 (718) 655-1120 fax (718) 652-3136



**Ruth Gottscho Dialysis and Children's Kidney Program
at Frost Valley YMCA**
www.frostvalley.org/kidney

Psychosocial Summary – Social Work or Physician

Please attach a thorough psychosocial summary, and include any relevant information from social worker and any other mental health professionals or child life therapists working with child. Please detail any coping or behavioral concerns (including medication adherence) that child has recently experienced or might experience at camp.

Camper's Name and date of birth: _____

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
Yes No

If so, name and contact info.....

4. Had a significant life event that continues to affect the camper's life?
(new diagnosis, loss of transplant, death of a loved one, family change, adoption/foster care, new sibling, survived a disaster, violence or abuse, other) Yes No

Any Other Concerns

Yes No

**Please explain "Yes" answers in the space below and/or attach an additional letter or report.
We may contact you for additional information so that we can best meet camper's needs.**

Completed by: _____

Phone: _____

Date: _____

***Ruth Gottscho Dialysis and Children's Kidney Program
at Frost Valley YMCA***

www.frostvalley.org/kidney