

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

[www.frostvalley.org/kidney](http://www.frostvalley.org/kidney)

**Medical Summary  
REQUIRED FROM NEPHROLOGIST  
PRIOR TO CAMP ACCEPTANCE**

\_\_\_\_\_ is applying for kidney camp for a session this summer.  
In order to accept this child for camp, we must be able to review their medical information by March 15, 2019.  
Please provide a detailed, typed medical summary including:

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

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

Please describe any pertinent issues regarding coping, adherence, mental health 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](mailto:mdoyle@montefiore.org).

All camp application materials should be faxed to 718-652-3136, Att: Kidney Camp, or emailed to [mdoyle@montefiore.org](mailto:mdoyle@montefiore.org)

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

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**Psychosocial Summary**

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.

**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

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: \_\_\_\_\_