**Your Path to Better Health: A Personalized Dialysis Treatment Pledge**

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1. **What Matters to You?** *(Your role)*

Please answer the questions below so we can better understand what is important to you and how we can work together to make your treatment plan easier to follow.

* **What are your main health goals?**

*(What would you like to improve about your health? For example: feeling better, having more energy, staying out of the hospital, kidney transplant, etc.)*

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* **What activities, people, or things are most important to you?**

*(For example: spending time with family, hobbies, my pet, work, etc.)*

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* **What makes it hard for you to follow your treatment plan?**

*(For example: transportation problems, feeling tired or sick, other life obligations like childcare, etc.)*
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* **What would help you follow your treatment plan better?**

*(For example: getting reminders, more flexible treatment hours, having someone encourage you, etc.)*
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1. **How We Can Help You** *(Dialysis center’s role)*

We acknowledge and respect that you are an individual and have the right to quality care. We want to help you in every way we can. Below are ways we can support you and make your dialysis treatments easier.

* **Flexible Treatment Times**

We will discuss treatment time options as well as modality options to increase flexibility.

 ☐ Yes, I need more flexible treatment times.

* **Education and Information**

We will make sure you understand your treatment and how to take care of yourself during dialysis.

☐ Yes, I need more information on my treatment regimen, diet, resources available, etc.

* **Support from Staff**

Our team will check in with you regularly so that we can offer personalized support based on what is most important to you.

☐ Yes, I would like support and regular check-ins from the team.

* **Other Ways We Can Help**

Let us know if there are other things that would help you with your treatment.
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1. **Our Pledge of Partnership**

**What I Pledge to Do** *(Your commitment)*:

* I will share my health goals, concerns, and any problems I’m having with the team.
* I will try my best to follow the treatment plan.
* I will attend my scheduled treatments.
* If I need to miss any scheduled treatment, I will let the team know and ask if I can make it up
another day.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The <INSERT DIALYSIS CENTER NAME> team is here to work with you. By signing this pledge, we agree to work together to help you have the best life you can have, while staying on track with your dialysis plan and treatments. This agreement is based on your personal needs and goals.

**What We Pledge to Do** *(Dialysis center’s commitment)*:

* We will support you with personalized care and treatment as a whole person, not just as a dialysis patient.
* We will listen to your concerns and encourage you to tell us how we can help.
* We will respect your time, preferences, and lifestyle, and work with you to overcome challenges.
* We will provide you with information, resources, and the support you need to succeed.

Facility Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Review Plan and Follow-Up**

We will check in regularly to see how the treatment plan is working with your life and make changes if needed.

Next Check-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**
1. End Stage Renal Disease National Coordinating Center. Creating a Life Plan. Available at: <https://esrdncc.org/contentassets/84ad9a66a2f344efa26e36cab6ef9425/life-plan_patients_f.pdf>. Accessed on March 10, 2025.

2. National Kidney Foundation. Dialysis Patients’ Bill of Rights and Responsibilities. Available at: <https://www.kidney.org/sites/default/files/11-65-1639_dialysisbillrights.pdf>. Accessed on March 10, 2025.