



My important information

Name: _____ Phone number: _____

Email: _____

Being treated for: _____

Treatment information

Dialysis center: _____ Phone number: _____

Dialysis treatment details: _____

Current medications: _____

Allergies: _____

Additional medical information: _____

Doctor: _____ Phone number: _____

Email: _____

Dialysis nurse: _____ Phone number: _____

Email: _____

Treatment information

Dietitian: _____ Phone number: _____

Email: _____

Financial coordinator: _____ Phone number: _____

Email: _____

Social worker: _____ Phone number: _____

Email: _____

In case of emergency

Primary emergency contact

Name: _____ Phone number: _____

Email: _____ Relationship: _____

Secondary emergency contact

Name: _____ Phone number: _____

Email: _____ Relationship: _____