



My Important Information

Name: _____ Phone number: _____

Email: _____

Being treated for: _____

Treatment Information

Doctor: _____ Phone number: _____

Email: _____

Dialysis nurse: _____ Phone number: _____

Email: _____

Dialysis center: _____ Phone number: _____

Dialysis treatment details: _____

Current medications: _____

Allergies: _____

Additional medical information: _____



In Case of Emergency

Primary emergency contact

Name: _____ Phone number: _____

Email: _____ Relationship: _____

Secondary emergency contact

Name: _____ Phone number: _____

Email: _____ Relationship: _____

Social worker

Name: _____ Phone number: _____

Email: _____