



### 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: \_\_\_\_\_