

Personal Information Form

My Dialysis Facility

Phone #	Emergency Hotline #
Back-Up Facility Near Home	Phone #
Back-Up Facility Far from Home	Phone #

Medical Information

Kidney Doctor (Nephrologist)	Phone #
Primary Care Doctor	Phone #
My Pharmacy	Phone #
Health Insurance Provider & Policy #	Phone #
Medication name and dose	

Treatment Type	Hemodialysis	Allergies (if any)
	Home Hemodialysis	
	CAPD	
	CCPD	

My ERSD Network

Phone #	Phone #
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Emergency Contacts

Name	Relationship
Phone #	
Name	Relationship
Phone #	

Local Emergency Information

Local Hospital	Phone #
Local Fire Department	Phone #
Local Police (non-emergency)	Phone #
Electric Company	Phone #
Utility Company	Phone #
Water Company	Phone #
Transportation Company	Phone #

In all emergencies,
call 9-1-1 