

KIDNEY EMERGENCY RESPONSE CARD

This is a fillable PDF form. Enter information first.
 When completed, print at 100% size.
 Cut along the solid lines (crop marks) and fold in half twice.

Cut here (top left), **Cut here** (top right), **Cut here** (middle left), **Cut here** (middle right), **Fold here** (dashed lines), **Cut here** (bottom left), **Cut here** (bottom right), **Fold here** (bottom center)

This top left panel should face outward.


I AM ON DIALYSIS

Vital Information

Name _____

Allergies _____

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Information

Address _____

Home Phone _____

Cell Phone _____

Emergency Contact _____

Relationship _____

Emergency Contact Phone _____

Dialysis Information

Nephrologist Name _____

Nephrologist Phone _____

Dialysis Facility Name _____

Dialysis Facility Phone _____

Modality Type _____

Access Type _____

Access Location _____