



DIALYSIS PATIENT INFORMATION

NAME
DOB
GENDER
ID NUMBER
MARITAL STATUS
HOME TELEPHONE NO:
MOBILE NO:
ADDRESS
NEXT OF KIN
RELATIONSHIP
MOBILE NO:
CARE GIVER
MOBILE NO:
CHILDREN Y/N NUMBER
CONTACT DETAILS
DRUG ALLERGY
BLOOD GROUP
TRANSPLANT WAITING LIST
EMPLOMENT STATUS
OFFICE NO:
ADDRESS
PERSON TO CONTACT INCASE OF EMERGENCY