

Kidney Foundation of Northwest Ohio

INTAKE FORM

3100 W. Central Ave., Ste. 250 ~ Toledo, OH 43606 ~ (419) 329-2776

Dear Patient:

Kindly fill out the general information section and verify all medical information with your physician, unit social worker, or other medical personnel. All information on this form is considered confidential and will be treated as such by the Kidney Foundation.

PLEASE PRINT ALL INFORMATION

**Please note: All Asterisked (*) information is used for statistical reports only.*

_____MISS _____MRS. _____MS. _____MR. _____DR.

Last Name First Name Telephone *Sex Date of Birth

Address City State Zip Plus4 County

Social Security Number *Race Marital Status Next of Kin -Relationship Other Phone No.

_____ Recent _____ Current

Place of Employment

Start Date of ESRD Nephrologist 24-Hour Phone Number

Current Treatment Dialysis Unit Days Dialyze

_____ Left _____ Right _____ Arm _____ Leg _____ Fistula _____ Graft _____ Catheter

Allergies & Medical Tag Information

Additional Information

Person Completing Form Phone Number Date

Check the appropriate boxes of the items you would like to receive free of charge.

_____ Please add my name to the Kidney Foundation mailing list so that I may receive the patient newsletter and other patient mailings.

_____ Emergency Medical Tag

FOR OFFICE USE ONLY

_____ Create Date	_____ Modification Date
_____ Date Ordered	_____ Date Sent
_____ Date Ordered	_____ Date Sent