

Attention: This patient has end-stage kidney disease and needs life-saving therapy or they will die.

Patient Information

Name: _____

Address: _____

Phone #: _____

Allergies

No Known or _____

Emergency Contact Information

Name: _____

Phone #: _____

Dialysis Modality

- In-Center Hemodialysis (HD)
- Home Hemodialysis (HHD)
- Peritoneal Dialysis (PD)

Dialysis Access

- Graft
- HD Catheter
- Fistula
- PD Catheter

Dialysis Facility Information

Doctor (**contact asap**): _____

Facility Name: _____

Facility Address: _____

Telephone #: _____

Emergency # _____

Hemodialysis (HD) Prescription

Times per Week: _____ Hours: _____

Peritoneal Dialysis (PD) Prescription

CCPD = Continuous Cyclic Peritoneal Dialysis

CCPD Total Volume: _____ mL Fill Volume: _____ mL

Total Time: _____ Last Fill: _____ mL

CAPD = Continuous Ambulatory Peritoneal Dialysis

CAPD Volume: _____ mL # of Exchanges: _____

