MY DIALYSIS CARE TEAM & CONTACTS

Fill this out once and update it as things change.

GENERAL INFO

Date:

Facility name: _____

Main phone: _____

Address: _____

My usual treatment days: _____

My usual treatment time: _____

MY CARE TEAM

Nephrologist: _____

Phone / contact method: _____

Nurse: _____

Contact information, if provided: _____

Dialysis technician / PCT: _____

Renal dietitian: _____

Social worker: _____

Other: _____

TRANSPORTATION

Transportation provider: _____

Phone: _____

Reservation / account information, if applicable: _____

PRIVACY NOTE

This sheet includes personal information. Keep it somewhere private, like a folder or drawer at home. Please don't write Social Security numbers, Medicare numbers, insurance member numbers, or passwords on this page.

For more dialysis planning tools and patient resources, visit **RenalCarePlanner.com**.
For patient education and personal planning. Not a substitute for medical advice.