

DIALYSIS PATIENT EMERGENCY CARD

I AM A DIALYSIS PATIENT

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Cell Phone: _____

Days of Treatment: ☐ Monday/Wednesday/Friday Time of Treatment: _____

☐ Tuesday/Thursday/Saturday

MY EMERGENCY CONTACT

Name: _____ Relationship to Me: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____



Quality
Insights
Renal Network 3

Call Quality Insights Renal Network 3 at 888-877-8400 for assistance if you are unable to reach your facility.

MY DIALYSIS FACILITY INFORMATION

Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Emergency Phone Number: _____

Facility Emergency Contact Person: _____

Facility Administrator: _____ Ext. _____

Social Worker: _____ Ext. _____

Nephrologist: _____ Office Phone: _____

When disasters strike, immediate help may not be available. You need to be prepared!

Suggested items for my 'go bag':

- Copies of important documents in a waterproof and portable container
- Paper and Pencil
- Extra set of car and house keys
- Credit and ATM cards as well as cash in small bills
- Bottled water and nonperishable food such as granola bars
- Flashlight
- Battery-operated AM/FM radio and extra batteries
- A list of my medications, why I take them, and the dosages
- First aid kit
- Contact and meeting place information for my household
- Appropriate clothing and shoes
- Dialysis treatment prescription
- List of your 3 day diet