



Emergency Preparedness Dialysis Patient Self-Assessment

1. This is my dialysis facility's emergency phone number:

2. This is the name and address of my alternate dialysis facility in the event my facility is closed due to an emergency:

3. Three items I should have in my Go Bag are:

1. _____
2. _____
3. _____

4. The best option for me to contact for transportation assistance in the event of an emergency is:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Transportation Company |
| <input type="checkbox"/> Local Emergency Provider | <input type="checkbox"/> Other: _____ |

5. My best option for staying informed during an emergency is:

- | | | | |
|-------------------------------------|--------------------------------|-----------------------------------|-------------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet | <input type="checkbox"/> Cellphone Alerts |
|-------------------------------------|--------------------------------|-----------------------------------|-------------------------------------------|

Month Completed: June 2015 July 2015 August 2015 September 2015

Patient's Name (Optional): _____

Dialysis Facility: _____