



KIDNEYS FOR KIDS

PATIENT REGISTRATION

1321 Broadway Suite 300
Bay City, Mi. 48708
(989)493-6111

PATIENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Gender Male Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Patient _____ Alternate Phone _____

MEDICAL INFORMATION

Please briefly describe patients kidney disease history

Please tell us if the patient is currently on Dialysis? If so, how long, and type of dialysis Yes No

Is the patient currently on the transplant list? If so, name of transplant coordinator, donor's transplant center, and contact information to register to become the patient's donor. (Include Blood Type) Yes No

Thank you!

— Please email to kidneysforkidsstaff@gmail.com —