

Kidney Community Emergency Response
(KCER) Program
www.kcercoalition.com

Network: _____ Toll-Free #: _____

NAME _____

VITAL INFORMATION

I AM ON DIALYSIS.

MEDICATIONS

Medication	Dose	Frequency
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_____	_____	_____
_____	_____	_____

Pharmacy Phone: _____

Special Needs: _____

Diagnosis: _____

Allergies: _____

PERSONAL INFORMATION

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Nephrologist: _____

Nephrologist Phone: _____

DIALYSIS PRESCRIPTION

_____ Hours _____ Times per week

Dialyzer: _____

Dialysate: _____

Medicare #: _____

Medicaid #: _____

Other Insurance ID: _____

FACILITY

Name: _____

Phone: _____