



Kidney Community  
Emergency Response



This is a fillable PDF form. Enter information first.  
When completed, print at 100% size  
cut along the solid lines (crop marks) and fold in half twice.

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**I AM ON DIALYSIS.**

**VITAL INFORMATION**

NAME \_\_\_\_\_

Network: \_\_\_\_\_ Toll-Free #: \_\_\_\_\_

Kidney Community Emergency Response  
(KCER) Program  
[www.kcercoalition.com](http://www.kcercoalition.com)

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

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Fold here

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