

Channahon Home Dialysis Patient Registration Form

General Information

Patient Name: _____ DOB: _____ Gender (Male / Female)
Social Security Number ____-____-____ Marital Status (Married / Single / Divorced / Other)
Race: White / Black or African American / Asian / American Indian / Native Hawaiian / Native Alaskan / Other Pacific
Islander / Ethnicity: Hispanic, Latino (Yes No) Country of origin: _____
Citizenship Status: Non-US Citizen / US Citizen / US Resident (Please circle one)
Home Phone _____ Mobile Phone _____ Email Address _____
Street Address _____ City _____ State _____ Zip _____
Primary Care Doctor _____ Preferred Pharmacy: _____
Please circle your Nephrologist: Dr. Kravets Dr. Nagarkatte Dr. Ahmed Dr. Gurfinchel Dr. Sharma
How long have you been seeing your Nephrologist? <6 months 6-12 months >12 months
Employment status: Part Time / Full Time / Homemaker / Unemployed / Retired / Disability / Student

Primary Insurance Information

Subscriber Name: _____ DOB: _____
Relationship to patient _____ Occupation _____
Employer _____ Work Phone _____
Insurance Company _____ ID number _____ Group Number _____

Secondary Insurance Information

Subscriber Name: _____ DOB: _____
Relationship to patient _____ Occupation _____
Employer _____ Work Phone _____
Insurance Company _____ ID number _____ Group Number _____

Emergency Contact

Contact Name: (L, F, M) _____ Home Phone _____
Mobile Phone _____ Relationship to patient _____
Contact Street Address: _____ City _____ State _____ Zip _____

Signature: _____ Date: _____