



1. Patient's Name:.....

2. Address.....

3. Phone. No:..... 4. Age:..... 5. Birth date:.....

6. Qualification:..... 8. Marriage status:.....

9. Yearly Income:..... 10. Number of dependents: .....

11. Blood Group:..... 12. Kidney patients are for some time:.....

13. There are no other physical diseases:.....

14. How long have you been undergoing treatment for dialysis:.....

15. Dialysis Center:.....

16. Your Nephrologists Doctor's name:.....

Sign.....

**India Renal Foundation**

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