



6th European Transplant and Dialysis Games Dublin 2010

Dialysis Information Form

Please return **completed** forms to your Team Managers by **May 30th**
Incomplete forms will be returned.

Name:	Surname:
Preferred Name:	
Address:	
Date of Birth:	
Contact Phone Numbers:	
Home:	Mobile:
(Include Country Code)	(Include Country Code)

Next of Kin:	
Next of Kin Address:	
Next of Kin Contact Number:	
Home:	Mobile:
(Include Country Code)	(Include Country Code)

Referring Dialysis Centre:
Address:
Name of Referring Consultant Physician:
Contact Phone Number:

Requested Dates for Dialysis: (Please Circle)					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(We will do our best to get you the days you request)					