



## LIONS CAMP DORSET PATIENT INFORMATION

**\*\*\*REQUIRED 3 WEEKS IN ADVANCE OF ARRIVAL\*\*\***

Please **Print** Clearly and Complete All Sections

Client Name(Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Card # \_\_\_\_\_ Version Code \_\_\_\_\_

Date of Birth (YYY-MM-DD): \_\_\_\_\_

Type of Dialysis (select one):  Home Hemo  In-Centre Hemo  Peritoneal Dialysis  Transplant

Camp Arrival Date: \_\_\_\_\_ Camp departure Date: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this person is attending Camp:  Yes  No

If **NO**, indicate telephone number where he/she can be located while client is at Camp:

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Bus. # \_\_\_\_\_