

ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 05 - PATIENT CONTACT INFORMATION

Hospital No.

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Patient I D

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Patient Initials

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Date Form Completed (mm/dd/yy)

A. Patient Information

1. Social Security Number

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2. First Name

[illegible]

MI

1

Last Name

[illegible]

3. Mailing Address (Number and Street Address)

[illegible]

Apartment Number

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[illegible]

4. City

[illegible]

State

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Zip Code

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5. Does patient have a phone? Yes ☐ No ☐

a. Home phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$

b. Business/other phone

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

6. Email address

[illegible]

FORM 05 - PATIENT CONTACT INFORMATION

Patient Initials

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1. First Name

MI

Last Name

[illegible]

1

[illegible]

2. Mailing Address (Number and Street Address)

Apartment Number

[illegible]

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[illegible]

3. City

State

Zip Code

[illegible]

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4. Does contact have a phone?

Yes ☐No ☐

a. Home phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

b. Business/other phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$

5. Email address

[illegible]

6. Relationship to Patient (choose one)

☐ Spouse/Partner ☐ Friend

- Parent

☐ Other relative☐ Sibling☐ Other☐ Child

FORM 05 - PATIENT CONTACT INFORMATION

Patient Initials

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[illegible]

Apartment Number

[illegible]

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[illegible]

Zip Code

[illegible]

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a. Home phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$

b. Business/other phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$
[illegible]☐ Child

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