Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 05 - PATIENT CONTACT INFORMATION

Hospital No. ☐☐☐ Patient ID ☐☐☐ Patient Initials ☐☐☐ Date Form Completed (mm/dd/yy) ☐☐ / ☐☐ / ☐☐

A. Patient Information

1. Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

2. First Name ☐☐☐☐☐☐☐☐☐☐☐ MI ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Mailing Address (Number and Street Address) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Apartment Number ☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip Code ☐☐☐☐☐

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

a. Home phone (☐☐☐) ☐☐☐ - ☐☐☐☐

b. Business/other phone (☐☐☐) ☐☐☐ - ☐☐☐☐

6. Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 05 - PATIENT CONTACT INFORMATION

Hospital No. Patient ID Patient Initials

B. Contact/Next of Kin

1. First Name MI Last Name

2. Mailing Address (Number and Street Address) Apartment Number

3. City State Zip Code

4. Does contact have a phone? Yes ☐ No ☐

a. Home phone ( ) -

b. Business/other phone ( ) -

5. Email address

6. Relationship to Patient (choose one)

☐ Spouse/Partner ☐ Friend
☐ Parent ☐ Other relative
☐ Sibling ☐ Other
☐ Child

VA WEST HAVEN CSP 530
ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)
FORM 05 - PATIENT CONTACT INFORMATION

Hospital No. Patient ID Patient Initials

C. CONTACT INFORMATION FOR SURROGATE IF DIFFERENT THAN PERSON IN ITEM B.

1. First Name MI Last Name

2. Mailing Address (Number and Street Address) Apartment Number

3. City State Zip Code

4. Does contact have a phone? Yes ☐ No ☐

a. Home phone ( ) -

b. Business/other phone ( ) -

5. Email address

6. Relationship to Patient(choose one)

☐ Spouse/Partner ☐ Friend

☐ Parent ☐ Other relative

☐ Sibling ☐ Other

☐ Child

Staff Initials