



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Completion: ____/____/____
month *csm* day *csm* year *cs* y

visit:

CONTACT INFORMATION FORM

Form # 2

Home Phone (If different): () _____

Work Phone () _____

Cell Phone: () _____

Notes: _____

8. Alternate Contact: _____ Relationship: _____
Last, First

Home Phone () _____
(If different)

Work Phone: () _____

Cell Phone: () _____

Notes: _____

9. EMERGENCY CONTACT: #7 above #8 above Other (list below)

Name: _____ Relationship: _____ Phone: () _____
Last, First

Alternate Phone Number () _____

10. Primary Care/Referring Physician:

Name: _____ Nurse/Contact: _____

Address: _____
Street Bldg/Floor/Suite Box/Dept.

_____ City State Zip

Phone: () _____ Fax: () _____ Notes: _____

11. Nephrologist or Other Physician:

Name: _____ Nurse/Contact: _____

Address: _____
Street Bldg/Floor/Suite Box/Dept.

_____ City State Zip

Phone: () _____ Fax: () _____ Notes: _____



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month *csm* day *csd* year *csy*

visit:

CONTACT INFORMATION FORM

Form # 2

12. Notes: _____

13. Dates of Last Update:

____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____
____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____
____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____
____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____
____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____
____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____	____/____/____	Coord. Init. _____

HALT PKD staff member completing this form: _____ Date: ____/____/____
cmidnum Month *cdm* Day *cdy* Year *cdy*