

Registration form for guest dialysis Nierenzentrum Stuttgart-Vaihingen

Private Information:	
Last name, first name	
Date of birth	
Address	
Phone number	
Email	
Health insurance	
Details of your dialysis unit:	
Name	
Address	
Phone number	
Fax number	
Days of dialysis in your home center	Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> time: _____
Vacation details:	
Address	
Period of stay to dialyse?	Date of first dialysis: Date of last dialysis:
Do you need a taxi for the ride to our Dialysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Information:	
<u>Covid19</u> Are you vaccinated or recovered? If you are not vaccinated or recovered, we need an up-to-date PCR test (not older than 48 hours)	recovered <input type="checkbox"/> vaccinated <input type="checkbox"/>
<u>MRSA</u> Are you currently tested positive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>VRE/4MRGN</u> Are you currently tested positive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Hepatitis B/C, HIV</u>	Hepatitis B positive <input type="checkbox"/> negativ <input type="checkbox"/> Hepatitis C positive <input type="checkbox"/> negativ <input type="checkbox"/> HIV positive <input type="checkbox"/> negativ <input type="checkbox"/>