

Details to be completed by the patient

A. Personal details

Surname:	First name:
Street + house no.:	Postcode:
Location:	Country:
Nationality:	Date of birth:
Home tel.:	Mobile:
E-mail:	CSN:
GP + address + tel. no.:	

B. Current dialysis centre

Dialysis centre name:	
Location:	Country:
E-Mail:	Tel. no.:
Current dialysis days and duration:	
Attending physician:	
Responsible dialysis nurse:	

C. Holiday details

Name of holiday address (if known):	
Street:	Tel. no.:
Location:	
Holiday period dates:	Date of first dialysis:
	Date of last dialysis:
Preferred time:	Preferred location:
<input type="checkbox"/> Monday – Wednesday - Friday (morning)	<input type="checkbox"/> Zwolle
<input type="checkbox"/> Monday – Wednesday - Friday (afternoon)	<input type="checkbox"/> Meppel
<input type="checkbox"/> Tuesday - Thursday - Saturday (morning)	
<input type="checkbox"/> PLEASE NOTE: we are no longer open Tuesday - Thursday -Saturday afternoon	

N.B.

Once you have submitted your holiday request, we will confirm whether you can receive dialysis at our centre during the requested period, but due to the limited number of places available, we can only tell you one week in advance which part of the day and which time you are welcome to visit us.

D. Insurance details

Name of health insurance provider:
Policy number: