

CATA
3R Pond Rd
Gloucester, MA
01930

Dialysis Application Form

CATA use only:
ID # _____
Date _____

- - - PLEASE PRINT CLEARLY - - -

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (daytime) _____ (evening) _____

Date of Birth (month/day/year) _____ Sex(M/F) _____

Please give us the name and phone number of a friend or relative we can call in case we are unable to reach you at your regular number:

Name _____

Relationship _____ Phone # _____

Do you use any of the following mobility aids? (Check all that apply)

Manual Wheelchair Electric Wheelchair Powered Scooter Cane

Walker Crutches Braces Use of Lift Oxygen Tank

Service Animal (describe): _____

Other (describe): _____

No, I do not use any mobility aids

Do you ever need to bring someone else with you to help you when you travel (a "personal assistant" or "personal attendant")?

No

Yes, always

Yes, sometimes

What are your dialysis days/times?

Mon-Wed-Fri

Tues-Thurs-Sat

Required Arrival Time _____

Ready to Return Time _____