

# RENAL REGISTRY

## NATIONAL KIDNEY FOUNDATION OF ARIZONA

360 E. Coronado Rd., Suite 180

Phoenix, Arizona 85004

(602) 840-1644

**FAX (602) 845-7968**

*The NATIONAL KIDNEY FOUNDATION OF ARIZONA is committed to the prevention of kidney disease through awareness, education and research and to improve the quality of life for Arizonans with kidney disease.*

Name (Last, First, Middle)			Birth Date
Street Address			Telephone Number
City	State	County	Zip Code
Employer	Marital Status	Spouse/Next of Kin	No. of Dependents
Facility Providing Treatment		Month/Day & Year of First Dialysis	
Month and Year of Transplant		Physician	
Optional. Demographic information is often required to obtain grants that help fund our patient programs.			
Check one: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Check one: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

I am an enrolled member of the following tribal community, village, reservation or nation:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ak-Chin Indian Community     | <input type="checkbox"/> Hualapai Tribe               | <input type="checkbox"/> Salt River Pima-Maricopa       |
| <input type="checkbox"/> Yavapai Apache Nation        | <input type="checkbox"/> Kaibab-Pauite Tribe          | <input type="checkbox"/> San Carlos Apache              |
| <input type="checkbox"/> Navajo Nation                | <input type="checkbox"/> Pascua Yaqui Tribe           | <input type="checkbox"/> Tohono O'odham Nation          |
| <input type="checkbox"/> Cocopah Indian Reservation   | <input type="checkbox"/> Fort Mohave Indian Tribe     | <input type="checkbox"/> Tonto Apache Tribe             |
| <input type="checkbox"/> Colorado River Indian Tribe  | <input type="checkbox"/> Gila River Indian Community  | <input type="checkbox"/> Yavapai-Prescott Tribe         |
| <input type="checkbox"/> White Mountain Apache Tribe  | <input type="checkbox"/> Havasupai Indian Reservation | <input type="checkbox"/> Fort Yuma – Quechan Tribe      |
| <input type="checkbox"/> Fort McDowell Yavapai Nation | <input type="checkbox"/> Hopi Tribe                   | <input type="checkbox"/> San Juan Southern Paiute Tribe |
| <input type="checkbox"/> Other _____                  |   |   |

The above information is confidential and will not be released by The NATIONAL KIDNEY FOUNDATION OF ARIZONA without the Patient's prior notification and approval.

I hereby authorize release of the above information to the NATIONAL KIDNEY FOUNDATION OF ARIZONA.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Facility \_\_\_\_\_  
 Facility Representative