



India Renal Foundation

Date : _____

1. Name : _____

2. Address : _____

3. City : _____ Phone _____

4. Husband/Wife/Father Name : _____

5. Birthdate/Age : _____ 6. Sex : _____ 7. Nationality : _____

8. Qualification : _____ 9. Present Occupation : _____

10. Income (Include all sources of income/month): _____

11. Dependents :

- | | | | |
|-----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Wife | <input type="checkbox"/> Husband | <input type="checkbox"/> Working | <input type="checkbox"/> Not Working |
| <input type="checkbox"/> Children | <input type="checkbox"/> Number | <input type="checkbox"/> Working | <input type="checkbox"/> Not Working |
| <input type="checkbox"/> Children | <input type="checkbox"/> Number | <input type="checkbox"/> Working | <input type="checkbox"/> Not Working |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Number | <input type="checkbox"/> Working | <input type="checkbox"/> Not Working |

12. Eligible for transplant:

Clinically Yes No (Please attach proof)

Not Interested

13. Property : House Own Rented Rs. _____

Land Yes No

If yes Own name on joint Families name

14. Kidney failure since : _____ 15. Reason for kidney failure _____

15. Name of the Doctor : _____

16. On Dialysis since : _____ Name of Dialysis center: _____

17. No of Dialysis/month : _____ 18. Expenche/month Rs : _____

19. Medicine Expense/month: _____ 20. Medical reimbursement/month Rs: _____

Please write in a few words why should you get sponsorship for dialysis?
Also please write now much amount you expect as sponsorship/month?

The information provided by me in this form is true to the best of me knowledge.

Signature :

Date :

India Renal Foundation

➤ Center Name : _____

➤ Center Address : _____

➤ City : _____ Phone : _____

1. Patient Name: _____

2. Patient relative characteristics

A. Compliance:

	Excellent	Fair	Poor
Dialysis			
Medications			
Diet			

B. Facial expression : Keep smiling Grudging

C. Accepts his illness : Yes No

D. Behavior with Staff: Co-operative Non Co-operative

E. Discipline of patient: Always On time Fair

Always late

F. Activities during dialysis : Watch TV Hears music

Talks to other patient other

G. Relative support : Excellent Fair Poor

3. Do you feel this patient must get sponsor ship ? Yes No

Reasons: _____

Name of Center Incharge : _____ Sign : _____

Date: _____

Note : Appling to India Renal Foundation does not guarantee sponsorship

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