

Big Red Kidney Bus VIC

Booking Application to Kidney Health Australia

Booking Information

Booking number: _____

<p>Big Red Kidney Bus Holiday Destination:</p> <p><input type="checkbox"/> Bright (3 Apr to 13 May 2017)</p> <p><input type="checkbox"/> Yarrowonga (22 May to 1 July 2017)</p> <p><input type="checkbox"/> Mildura (10 July to 19 Aug 2017)</p> <p><input type="checkbox"/> Echuca (28 August to 7 October 2017)</p> <p><input type="checkbox"/> Halls Gap (16 Oct to 22 Nov 2017)</p>	<p><input type="checkbox"/> Warrnambool (29 Nov to 21 Dec 2017)</p> <p><input type="checkbox"/> Melbourne (8 Jan to 3 Feb 2018)</p> <p>Holiday Dialysis Dates requested:</p> <p>Date in: ____ / ____ / ____</p> <p>Date out: ____ / ____ / ____</p>
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Contact Details

Title: ____ First Name: _____ Surname: _____ Date of Birth: _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Email: _____

Mobile: _____ Home Phone: _____

Nationality: _____ Preferred language: _____

Are you of Aboriginal or Torres Strait Islander origin?

Yes – Aboriginal Yes – Torres Strait Islander Yes – both No Unknown

Emergency Contact

Name: _____ Mobile: _____

Relationship: _____ Email: _____

Admission Criteria

Please read the Monash Health Admission Criteria for the Big Red Kidney Bus, which can be found on our website. Dialysis on the Big Red Kidney Bus is not available for people with a permacath.

Dialysis Days and Sessions

Please tick your preferred days and session times for dialysis, and note that some flexibility may be requested by Monash Health.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Holiday Accommodation (if known)

Address : _____ Phone: _____

Email completed application to: bigredkidneybus@kidney.org.au

125 Cecil St, South Melbourne VIC 3205 | ☎ 1800 454 363

Practitioner Details

Nephrologist	General Practitioner
Name: _____	Name: _____
Clinic / Hospital: _____	Medical Clinic: _____
Address: _____	Address: _____
Town/Suburb: _____	Town/Suburb: _____
State: _____ Postcode: _____	State: _____ Postcode: _____
Phone: _____	Phone: _____

Dialysis Information

Medicare No.	Reference No. next to name	Expiry date:
<input type="checkbox"/> YES	<input type="checkbox"/> YES	/
DVA (if applicable): _____	Health Fund name: _____	Health Fund number: _____
Hospital or Satellite Haemodialysis	Home Haemodialysis	
The Dialysis Unit I attend is: _____	The name of my Home Haemodialysis Coordinator is: _____	
Address: _____	Hospital: _____	
Town/Suburb: _____	Address: _____	
State: _____ Postcode: _____	Town/Suburb: _____	
Nurse Unit Manager Name: _____	State: _____ Postcode: _____	
Telephone: _____	Telephone: _____	
Email: _____	Email: _____	
Parent Hospital: _____	Parent Hospital: _____	

Transport & Accommodation (please tick the boxes)

I acknowledge that I need to arrange my own **transport** to and from the holiday destination and the Big Red Kidney Bus.

I acknowledge that I need to arrange and pay for my own **accommodation** in the local area where the Big Red Kidney Bus will be located.

Travel Insurance is recommended.

Confirmation & Cancellation (please tick the boxes)

I acknowledge that my booking application will be **confirmed** by Monash Health when I meet all of the criteria to have haemodialysis on the Big Red Kidney Bus and I will read the Checklist of *What to bring on the Bus*.

If at any time I need to cancel a confirmed booking, I will contact Kidney Health Australia Big Red Kidney Bus by FREECALL: 1800 454 363 or email: bigredkidneybus@kidney.org.au

Email completed application to: bigredkidneybus@kidney.org.au

125 Cecil St, South Melbourne VIC 3205 | ☎ 1800 454 363

Internet Explorer is the preferred browser to enable the buttons below.

Alternatively, please save and email or print and post the form to the contact details listed above. Please phone us on 1800 454 363 with any questions.