

Big Red Kidney Bus VIC

Booking Application to Kidney Health Australia

Mildura (10 July to 19 Aug 2017) Echuca (28 August to 7 Oct 2017) Date July is Dates requested: Date in:	Booking Information					Booking number:				
Mildura (10 July to 19 Aug 2017) Echuca (28 August to 7 Oct 2017) Date July (10 Oct 22 Nov 2017) Date in:/ Date out:/ Date of Birth:						Melbourne (8 Jan to 3 Feb 2018)				
Echuca (28 August to 7 Oct 2017)	☐ Yarr	Yarrawonga (22 May to 1 July 2017)					Lakes Entrance (12 Feb to 24 March 2018)			
Halls Gap (16 Oct to 22 Nov 2017)	l —	Mildura (10 July to 19 Aug 2017)					Haliday Dialy	sia Dataa waassaa	had.	
Contact Details Title: First Name: Surname: Date of Birth: Postal Address: Postal Address Postal	Echuca (28 August to 7 Oct 2017)									
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: Mobile: Mobile: Relationship: Email: Mobile: Preferred and 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 felixibility may be requested by Monash Health. Monday Tuesday Wednesday Thursday Friday Saturday Sunday AM		• •	· ·	4 - \						
Title: First Name: Surname: Date of Birth: Postal Address: Town/Suburb: State: Postcode: Email:	🔲 Wai	rrnambool (29 N	lov to 21 Dec 20	17)						
Title: First Name: Surname: Date of Birth: Postal Address: Town/Suburb: State: Postcode: Email:										
Postal Address: Town/Suburb:	Contact Details									
Town/Suburb:	Title:	First Name:		Surname:				Date of Birth:		
Email:	Postal Ad	ddress:								
Mobile:	Town/Su	burb:				State:Postcode:				
Nationality:	Email:									
Are you of Aboriginal or Torres Strait Islander origin? Yes - Aboriginal	Mobile: _	bile: Home Phone:								
Yes – Aboriginal	Nationality: Preferred language:									
Emergency Contact Name:	Are you of Aboriginal or Torres Strait Islander origin?									
Name:	☐ Yes –	Aboriginal	Yes – Torres S	trait Islander	☐ Yes	- both	□No	Unknown		
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 felixibilty may be requested by Monash Health. Monday Tuesday Wednesday Thursday Friday Saturday Sunday AM PM Holiday Accommodation (if known)	Emergency Contact									
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PM Holiday Accommodation (if known)		Monday	Tuesday	Wednesday	Thurs	day	Friday	Saturday	Sunday	
Holiday Accommodation (if known)	AM									
	PM									
Address : Phone:	Holiday Accommodation (if known)									
	Address									

Email completed application to: bigredkidneybus@kidney.org.au
125 Cecil St, South Melbourne VIC 3205 | \$\approx\$ 1800 454 363

Connect with us www.kidney.org.au Freecall 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. Referen	ce No. next to name Expiry date: /						
I am a public patient: YES	I am a private patient: YES						
DVA (if applicable):	Health Fund name:						
	Health Fund number:						
Hospital or Satellite Haemodialysis The Dialysis Unit I attend is:	Home Haemodialysis 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 <i>What to bring on the Bus</i> .							
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 | 2 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.

Connect with us www.kidney.org.au Freecall 1800 454 363

