

## Patient Questionnaire

### Demographic page

Your name in initials + pick a number for your unique identity

Eg. John Dee : JD123

DOB:

Age:

Gender:

State:

1. Pharmacy: Name

Phone number

Fax number

2. PCP Office phone number:

Email

Fax

3. Nephrologist Office Phone number:

Email

Fax

4. Cardiologist Phone number:

Email

Fax

5. Urologist Phone number:

Email

Fax

6. Hospital Name:

Phone Number

Fax

7. Your local lab:

Quest

Lab Corp

Others

8. Dialysis Unit Name:

Phone number

Fax

**Release of Information Form:**

Please Click [here](#)

Who Can Contact Us:

**Patient Portal:****Patient services:**

1. Consultations:
  - a. Consult Physician
  - b. Consult Dietitian
  - c. Consult Social Worker
2. Diet Options:
3. Activity tracking:
4. Well-being tracking:
5. Your lab measure tracking:

**Provider Portal****Provider Services:**

1. Track your Patient's progress  
Enter Patient initials
2. Please send us any questions:  
Our email:
3. Please send us your email and fax number:  
so we can send you our consultative report and recommendation