



Mumbai Kidney Foundation

(Project of : Jivan Jyot Charitable Trust)

Trust Regn. No. E-15512 (Mumbai) Dt. 10-2-1995

111-C Lancelot, Opp. Shastri nagar, S.V.Road,Borivali (W), Mumbai - 400 092.

Tel. : 2801 2783 / 28016266 / 28626854

Please Affix
passport
photograph
here

REGISTRATION FORM

PERSONAL INFORMATION

Registration No. : _____ Registration Fees : _____

Name : _____

Sex : Male / Female

Marital Status : Married / Single

Age : _____ years

Date of Birth : _____

Permanent Address : _____

Phone No. : (Resi.) _____ Mobile No. _____

Other _____ Email Id : _____

Religion : _____ Education _____

Languages known : _____

Occupation/Profession : _____ Family Income : _____

No. of family Members _____

No. of children _____ No. of siblings _____

Qualification of children _____ Qualification of siblings _____

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

(Tick whichever applicable)

Are you on dialysis..... Yes No

Kind of dialysis Hemodialysis CAPD

Where do you take dialysis, since when & frequency _____

Name of the Nephrologist : _____

Have you undergone a transplant in the past ? Yes No

Where have you been operated upon ? _____

Do you intend to undergo transplant ? Yes No

Are you registered on a cadaver transplant programme ?..... Yes No

Where & when have you registered : _____

Registration number : _____

How did you hear about MKF ?

Newspaper By word of mouth

Magazine Others (Please specify) _____

What kind of a job would you / your family member be interested in ?

Accounts Telephone booths

Receptionist Fax/Xerox machine

Tea/Coffee/Milk vending Gramodyog industry

Others (please specify) _____

MEDICAL INFORMATION

Height (Cms) : _____ Weight (Kgs) : _____

Do you suffer From

Diabetes

Blood pressure

Kidney Stones

Ischaemic Heart Disease

Sexual problems

Others (Please specify) _____

Food Habits Veg Non-veg

Do you exercise Yes No

Details _____

Current list of medication _____

Are you on alternative medicine ?

Ayurvedic Homeopathy Naturopathy

H/o Smoking Alchol intake Tobacco

Any surgery in the past ? Yes No

If yes, please specify: _____

Have you ever had any prior medical problems ? Yes No

If yes, please specify : _____

Does anyone from your family suffer from any kidney disease ?

Yes No

What is your relation with the family member : _____

FOR WOMEN

No of children : _____

No of miscarriages : _____

Did you have any of the following before / during / after pregnancy /

Blood Pressure

Diabetes