

Away From Home Haemodialysis (AFHH) Program Registration Form

Client Information	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Last Name:	First Name:
Date of Birth: _____ Day/Month/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Medicare Number: _____	
Are you a resident of NSW? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Residential Address:	
Suburb/Town:	Postcode:
Telephone:	Mobile:
Email Address:	
Where are you undergoing your haemodialysis?	<input type="checkbox"/> At Home – Provide home training unit & phone # _____ OR <input type="checkbox"/> At a Dialysis Unit – Unit name required _____
How long have you been on haemodialysis?	_____ Months OR _____ Years
Do you have private insurance with holiday haemodialysis cover included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive assistance from the Department of Veterans' Affairs?	<input type="checkbox"/> Yes – Please indicate DVA# _____ <input type="checkbox"/> No
How did you hear about the AFHH Program?	<input type="checkbox"/> Dialysis Unit Staff <input type="checkbox"/> Existing User <input type="checkbox"/> Family Member <input type="checkbox"/> Brochure/patient information sheet <input type="checkbox"/> Other (Please indicate): _____
Please advise of the date you will require AFHH and which unit you will be attending:	
Date: _____	
Location/Unit: _____	
IMPORTANT INFORMATION:	
The AFHH program only covers the cost of your dialysis session. Any costs outside of a basic dialysis session including consultations with private physicians or other services you may have received in a private facility will not be covered by EnableNSW.	

Please send completed form to EnableNSW:

- Email: enabledialysis@health.nsw.gov.au
- Fax: (02) 8797 6543
- Phone: 1800 ENABLE (1800 362 253)
- Post: Locked Bag 5270, Parramatta NSW 2124