

Thank you for your interest in donation. The first step is to fill out a medical questionnaire which we use as a screening tool to make sure it is safe for you to proceed to the blood test. The blood test will determine compatibility with the recipient. If you are compatible a very intense medical, psychiatric and social evaluation will be arranged if you want to proceed. The donor form is attached, please return the form to me via e-mail.

Thank you again for your interest.

Joan Kelly, RN

POTENTIAL KIDNEY DONOR-MEDICAL QUESTIONNAIRE

DATE: _____

NAME _____ **DATE OF BIRTH** ____/____/____

M/F _____ **HOME PHONE#** (____) _____ **WORK/CELL**(____) _____

HOME ADDRESS _____

MOTHER'S NAME: _____ **FATHER'S NAME** _____

POTENTIAL RECIPIENT'S NAME _____

RELATIONSHIP TO RECIPIENT _____

PERSONAL MEDICAL HISTORY

Do you or did you ever:

a) Drink alcoholic beverages on a daily or regular basis: _____

How much? _____

b) Use medications on a daily or regular basis: _____ **If yes,**
Please specify _____

c) Use illicit drugs? _____ **If yes, explain** _____

d) Do you smoke tobacco products ? _____ **If yes, how much** _____

e) Have you ever been hospitalized? _____ **If yes, state when**
and why _____

Will you accept a blood transfusion if needed? _____

f) Current Weight _____ **Height** _____

g) Have you ever had?	Yes	No
High blood pressure	_____	_____
Heart conditions	_____	_____
Kidney stones or infections	_____	_____
Chest pain	_____	_____
Shortness of breath	_____	_____
Palpitations	_____	_____
Hepatitis/Liver disease/Jaundice	_____	_____
Cancer	_____	_____
Diabetes	_____	_____
Bleeding disorders	_____	_____
Psychiatric conditions	_____	_____

If you answered yes to any of the above questions, please describe: _____