

# Living Donor Questionnaire

## Demographics

Donor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Primary Care Physician:  No  Yes If yes, name and contact number: \_\_\_\_\_

Current Insurance:  No  Yes If yes, Current Insurance Provider: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Relationship to Recipient: \_\_\_\_\_

Have you previously been a patient of Saint Thomas West Hospital?  Yes  No  Don't Know

## Medical History

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list your current medications (including supplements and over-the-counter medications): \_\_\_\_\_

Blood Type:  A  B  O  AB  Don't Know

Have you ever experienced any of the following medical conditions? (Please check all that apply)

- Diabetes or elevated blood sugar  
If yes, are you  Diet Controlled  take pills, please list \_\_\_\_\_  take insulin, please list \_\_\_\_\_
- Elevated blood sugar during pregnancy
- High Blood Pressure  
If you have high blood pressure do you take medication?  No  yes, list medication \_\_\_\_\_
- Heart surgery/angioplasty/stent
- Heart attack/chest pain
- Abnormal heart rate/beat
- History of Kidney Stones
- Cancer
- Asthma/emphysema
- Blood Clot
- Blood clotting disorder
- History of colon problems (i.e. colitis, irritable bowel or Crohn's disease)
- Sexually transmitted diseases
- Hepatitis or HIV
- Surgery \_\_\_\_\_
- History of psychiatric or mental health issues \_\_\_\_\_

Are you currently a smoker:  No  Yes If yes, packs per day: \_\_\_\_\_

Do you drink alcohol:  No  Yes If yes, please describe your usage  daily  frequently  occasionally  rarely

Current or past illegal drug use?  No  Yes

Thank you for your interest in living donation. Please return to the completed form via fax to 615-222-6074, you may send via email to [kidneytransplant@sth.org](mailto:kidneytransplant@sth.org) or mail to:

Saint Thomas West Hospital  
Kidney Transplant Program  
4220 Harding Road, Suite 401  
Nashville, TN 37205

Once your form is received you will be contact by a member of the Kidney Transplant Program. For questions please call 615-222-6618.