

LIVING KIDNEY DONOR INTAKE FORM

Date of Intake _____ Reviewed by _____

Donor Name: _____ M / F Donor UCLA # if app.): _____
Last First Middle

Home _____ City: _____ State: _____
Address: _____ Zip: _____

Relation to Recipient: _____ SS#: _____ Email Address: _____

Home Phone #: (_____) _____ Alternate Phone #: (_____) _____

Work Phone#: (_____) _____

Age: _____ Date of Birth: _____ Marital Status: _____ Citizenship Status: _____

Race: _____ Primary Language _____ Speak English? Yes / No

Donor's Maiden Name (if app): _____ Mother's Maiden Name: _____

Highest Education Level: _____ Employer Name: _____ Job Title: _____

Name of Person you are donating your kidney to: _____

Date of Birth: _____

OFFICE USE ONLY

(ADULT/PEDS) Recipient's MRN: _____ Recipient's ABO: _____ Last CTA: _____

Status: _____ Recipient's Diagnosis: _____

Recipient's Insurance: _____

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Donor's ABO: _____ Ht: _____ Wt: _____

Medications (*prescription and over-the-counter*): _____ Allergies: _____

Blood Sugar Problems (*yourself or family*): _____ During pregnancy? _____

High Blood Pressure (*yourself or family*): _____ During pregnancy? _____

Heart Problems (*yourself or family*): _____

Any history of melanoma?: _____ If yes, how long ago were you diagnosed?: _____

Kidney Stones or Kidney Problems (*yourself or family*): _____ Cancer: _____

Urine or Kidney Infections: _____ Liver Problems or Hepatitis: _____

Alcohol / Tobacco/Drug Use: _____ Mental Health Problems: _____

Hospitalizations/Surgeries/Other Health Problems: _____

Any bleeding problems? _____

Have you been worked-up as a potential donor at another transplant center, and if so where? _____

Have you ever been incarcerated, and if so how long ago? _____

When was your latest: Pap Smear (Females only) _____ Mammogram (Females > 40) _____

Colonoscopy (> 60) _____

Have you discussed your intention to donate with your family/significant other? _____

Do you have health insurance? _____ Who will take care of you after the surgery? _____

Signature of Donor _____ **Date** _____

**Signature of Person Filling Out
Report (if other than donor)** _____

Print Name _____ **Date** _____