

The Gift of Life.

Living Kidney Donation : Donor Health History



Thank you for considering giving the Gift of Life.

Please complete this form and send to Sondra Andrews at: sondra.andrews@umassmemorial.org.

If you have not received a response with 24 hours, please contact the Transplant Clinic at 508.334.1269 option 4.

KIDNEY RECIPIENT: JOHN SNOONIAN

Date _____

Donor's Personal Information

Name _____ DOB _____ SS# _____

Address _____ City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Cell phone _____ email _____

Best phone number to contact you: _____

Best time of day to contact you: mornings afternoons

Insurance _____ Tele _____

Primary Care Doctor _____ Tele _____

Occupation _____ Highest Education Level _____

Marital Status _____ Lives with _____

Race _____

Donor Health Information

Blood Type _____ Height _____ feet _____ inches Weight _____ lbs BMI _____

Hospitalizations Y N If yes, please include date(s) and reason(s):

Allergies / Adverse Reactions

Medications

Have you ever smoked cigarettes? Y N Quit _____ (Date quit)

packs/amount per day: _____ # years: _____

Have you ever used illegal drugs? Y N

Type: _____ Amount: _____

Have you ever used alcohol? Y N

Type: _____ Amount: _____

Have you ever been treated for the following:

Cardiac

- High Blood Pressure
- Congestive Heart Failure
- Palpitations
- Orthopnea
- Murmur
- Syncope
- Angina

Other _____

Pulmonary

- Dyspnea at rest
- Dyspnea on exertion
- Cough
- Asthma
- COPD
- Hemoptysis
- Pneumonia
- Sleep Apnea
- On CPAP/BiPAP
- On Oxygen
- Other _____

Gastro

- Nausea
- Vomiting
- GERG
- Ulcer
- Rectal Bleeding
- Diarrhea
- Constipation
- Hepatitis
- Other _____

Vascular

- Leg cramps
- Foot ulcers
- Amputations
- Other _____

Cerebral

- Stroke
- TIA
- Seizures
- Memory Loss
- Headaches

Urinary

- Polyuria
- Stones
- Hematuria
- Hernia
- UTI If yes, date of last UTI _____
- Incontinence
- Other _____

Endocrine

- Diabetes
- Gestational Diabetes
- Thyroid
- Other _____

Psych

- Depression
- Anxiety
- Suicide Attempt
- Psych Admits
- Other _____

Malignancies _____

Sensory

- Visual problems
- Neuropathy
- Hearing problems
- Other _____

Routine Health Screenings	Date Last Exam	Where Performed
Colonoscopy	_____	_____
Mammogram	_____	_____
PAP Smear	_____	_____

Family History

- Kidney Disease If yes, family member(s): _____
- Heart Disease If yes, family member(s): _____
- Diabetes If yes, family member(s): _____
- Cancer If yes, family member(s): _____

siblings, and medical history: _____

children, and medical history: _____

Have you lived in these areas or traveled to these areas and remained for more than 1 month?

- Caribbean
- South America
- Central America
- Africa
- Mexico
- South East USA (Louisiana, Georgia, Mississippi, Florida, South Carolina, Alabama, Texas, Arkansas)
- Laos
- Vietnam
- Cambodia
- Far East

During course of travel, did you swim in a lake or river? Y N



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Living Kidney Donation.



116,000

Number of men, women and children on the national transplant waiting list as of August 2017.

Thank you for considering the Gift of Life.

Once your medical forms are reviewed, you'll meet with UMass doctors, nurses and staff to learn all about being a direct kidney donor. They'll do a thorough medical evaluation, including an EKG, cardiac stress test, blood work, abdominal scans. It's pretty neat to see your gall bladder and bile ducts, too!

And its all covered under John's insurance.

If it's determined that you are fit for organ donation, they will walk you through the process and give you plenty of time to think about it. If it's a "YES," the surgery is scheduled at yours and John's convenience. It's minimally invasive, comes with great hospital food, and you can forever say you truly gave the **Gift of Life and saved someone's life.**

Thank you for considering being a living kidney donor for John Snoonian. To learn more, please visit www.saveourcoach.org or email us at susanunger@me.com.

