

## Living Donor Questionnaire – Short Form

Thank you for your interest in living organ donation. To begin the referral process please complete this survey and return to the living donor team of your choice. Instructions found on last page.

Once the form is received, a member of the living donor team will contact you within one week. Please ensure all questions are answered to facilitate the review process.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact:  Email  Phone Gender:  Male  Female Race: \_\_\_\_\_

Do you currently have health insurance?  Yes  No

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Address & Phone Number: \_\_\_\_\_

Are you interested in donating?  Kidney  Liver  Both

What is your relationship to the recipient?

Family (relationship): \_\_\_\_\_  Friend  Co-worker  None  Other: \_\_\_\_\_

I do not have a specific person in mind

Transplant Recipient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you met the intended recipient?  Yes  No

Does your recipient know that you are considering donation?  Yes  No

What is your height \_\_\_\_\_ and weight \_\_\_\_\_ lbs/kg Blood type \_\_\_\_\_

Have you ever been told you have high blood pressure?  Yes  No

Have you ever been told you have diabetes?  Yes  No

How many, if any, family members are diabetic? \_\_\_\_\_

Have you ever been told that you have kidney problems?  Yes  No

Have you ever had kidney stones?  Yes  No

If so, how was the kidney stone treated? \_\_\_\_\_

Hospital of the University of Pennsylvania

Penn Transplant Institute

Have you had a heart attack in the past?  Yes  No

Have you ever had heart surgery or stents?  Yes  No

Have you ever been told that you had cancer?  Yes  No

Type of cancer/treatment: \_\_\_\_\_

Have you had any abdominal surgeries in the past?  Yes  No

If so, what type of surgery? \_\_\_\_\_

Have you ever been hospitalized for a psychiatric condition?  Yes  No

Have you ever attempted to harm yourself or others?  Yes  No

In the past year have you: Used any recreational or illegal drugs?  Yes  No

Or used a prescription medication for a non-medical purpose?  Yes  No

Do you currently use tobacco products?  Yes  No

If former smoker, for how many years and how much? \_\_\_\_\_

**Please list all medications** [including over the counter medications, supplements, and herbs]

Medication	Dose	Frequency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Form Return:**

**Kidney Donor Program**  
**Email (preferred)** [kidneylivingdonorteam@uphs.upenn.edu](mailto:kidneylivingdonorteam@uphs.upenn.edu)  
**Fax** 215-243-2354  
**Mail** Kidney Donor Program, PCAM 2 West  
 3400 Civic Center Blvd  
 Philadelphia, PA 19104  
**Phone** 215-662-6200

**Liver Donor Program**  
 livingliverdonor@uphs.upenn.edu  
 215-615-1298  
 Liver Donor Program  
 3400 Spruce Street, 2<sup>nd</sup> floor Dulles  
 Philadelphia, PA 19104  
 215-340-8220