

Registration Form

Your details (potential donor)

Name		
Date of Birth		
Address		
Contact Numbers	Mobile	Home
E-mail address		
Ethnicity		
GP – Name, address and telephone number		

Intended recipient

Altruistic donation (to a stranger)?	Yes	No
If no, name and date of birth of intended recipient		
Hospital they attend for renal care / dialysis		
Your relationship to the recipient		
Have you discussed the possibility of living donation with the recipient?	Yes	No

Where did you hear about living kidney donation?

Renal Unit	Yes/No	Potential Recipient	Yes/No
Low clearance clinic	Yes/No	Media/TV/Internet/Radio	Yes/No
Home Education Nurse	Yes/No	GP	Yes/No
Family/Friends	Yes/No	Other	

Have you discussed the possibility of living donation with your family?	Yes	No
--	-----	----

Health Questionnaire

Name

D.O.B.

Current Medication - Both prescribed and over the counter eg paracetamol

Drug Name	Dose	Frequency	Reason if known

Please list any drug allergies:

What is your:	Height:	Weight:
Smoking Are you a current smoker? Yes/No	Cigarettes Yes/No E-Cigarette Yes/No	Ex-smoker Yes/No Date stopped
Alcohol Do you drink alcohol? Yes/No	Number of units per week?	
Recreational Drugs Do you currently use recreational drugs? Yes/No	Details:	Have you used recreational drugs in the past? Yes/No
Have you had any tattoos or piercings in the last 6 months?	Yes/No	
Bowel Screening (over 50's only)	Date	Normal/Abnormal
Have you ever been a blood donor?	Yes/No	

Women only

Screening	Date	Result	Follow up
Smear (women age 25-64)		Normal/Abnormal	
Mammogram (women over 50)		Normal/Abnormal	

Do you take the contraceptive pill?	Yes/No
Hormone Replacement Therapy (HRT)	Yes/No
How many pregnancies have you had? During your pregnancies did you suffer from any of the following:	Number High blood pressure Yes/No Diabetes Yes/No Protein in your urine Yes/No

Men only

Have you had any problems with your prostate?	Yes/No
--	--------

Health Questionnaire (2) Name

D.O.B.

Do you have or have you ever experienced...

High blood pressure	Yes	No	Palpitations	Yes	No
Chest pain/angina	Yes	No	Heart murmur	Yes	No
Heart attack (M.I)	Yes	No	Lung disease e.g. asthma/COPD etc	Yes	No
Diabetes	Yes	No	Kidney stones	Yes	No
Urine Infections	Yes	No	Protein or blood in your urine	Yes	No
Have you ever been seen by an Urologist?	Yes	No	Have you ever had problems passing urine?	Yes	No
Clotting/bleeding problems (inc. deep venous thrombosis)	Yes	No	Crohn's Disease / Ulcerative Colitis	Yes	No
Cancer	Yes	No	Chronic Pain	Yes	No
Arthritis	Yes	No	Seizures	Yes	No
Depression/Anxiety	Yes	No	Have you required input from mental health services?	Yes	No
Have you had an operation / general anaesthetic in the past	Yes	No	Have you ever attended clinics or been admitted to hospital?	Yes	No
Have you travelled outside Europe/North America in last 12 months?	Yes	No	Have you ever been refused as a blood donor?	Yes	No

If yes to any of the above please give details:	
--	--

I have completed this questionnaire to the best of my knowledge

Signature

Date

Permission to contact General Practitioner and access medical records

It is necessary that we review your medical records and contact your General Practitioner (GP) for any relevant information that may be important to our assessment of you as a potential living kidney donor.

We would therefore request your written permission to contact your GP requesting your medical history to be forwarded to us and review your hospital records. Any information received will be dealt with confidentially.

I give permission for the living donor assessment team to contact my GP and review my medical records for the purposes of living kidney donor assessment.

Your name (print)

Signature

Date

Thank you for volunteering to be considered as a potential living kidney donor. Please return these forms to your local living donor transplant team or to the closest transplant centre and your details will be forwarded to your local unit.

Edinburgh

Living Donor Transplant
Co-ordinators
Edinburgh Transplant Centre
Royal Infirmary of Edinburgh
Little France Crescent
EDINBURGH
EH16 4SA

Email:
Lothian.livingkidneydonation@
nhs.net

Glasgow

Secretary to Living Donor
Transplant Co-ordinators
Office Block 1st Floor Zone 3
Queen Elizabeth University Hospital
1345 Govan Road
GLASGOW
G51 4TF

Email:
gg-uhb.RenalLiveDonorTeam@
nhs.net