



Potential Kidney Donor Registration Form

Name: _____ How do you like to be addressed: _____

Address: _____
_____ County: _____

Social Security Number: _____

Date of Birth: _____ Gender: M F (Please circle)

Ethnic group: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Preferred form of communication: Home # Work # Cell # E-mail (Circle Preference)

May we leave a message? Yes _____ No _____

Marital Status (circle): M S W D Sep Life Partner

Children: number: _____ ages: _____

Employment Status (circle): FT PT Not Employed Self Retired Full time student

Employer: _____

Address: _____

Occupation: _____

Do you have health insurance? Yes _____ No _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

Primary MD: _____

MD address: _____

MD phone: _____

Allergies and reactions: _____

Height: _____ Weight: _____

Current Medications including prescription, over the counter medications or supplements:
(Please include name, how much you take and how often.)

Rec'd date: ___/___/___
Registration: _____

Past hospitalizations:

Year:

Where:

Reason:

Significant illnesses: _____

Significant injuries: _____

Mental health issues: _____

Blood pressure problems (high and low): _____

Kidney problems (for example: infections, cysts, stones):

Do you have a family history of Diabetes? Yes ___ No ___

If yes, which family member(s): _____

Do you have a family history of hypertension? Yes ___ No ___

If yes, which family member(s): _____

Do you smoke? Yes ___ No ___

If yes: How much? _____ How long? _____

If you quit: Year you quit: _____ How long did you smoke? _____

How much did you smoke prior to quitting? _____

Approximate alcohol consumption per week: _____

Any current drug use: Yes (please explain): _____ No _____

Any past drug use: Yes (please explain): _____ No _____

Have you ever been diagnosed with or treated for chemical dependency?

Your intended recipient's name: _____ Relationship to you: _____

Please return completed form in the attached, addressed envelope.

Or send to:

Abbott Northwestern Hospital
Renal Transplant Dept 33230
800 East 28th Street
Minneapolis, MN 55407
Fax: 612-863-5626