

Living Kidney Donor Programme Health Questionnaire

To help us assess if you would be suitable to be a living kidney donor, please complete this health questionnaire, and send it along with a copy of your blood group (if known).

This form can be submitted electronically to leedsth-tr.livedonorrenaltransplant@nhs.net, or by post to Live Donor Co-ordinators, Level 2, Lincoln Wing A Block, St James's University Hospital, Beckett Street, Leeds LS9 7TF

Before completing this form, you must read the information on live donation on our website including the leaflet "information for potential living donors" www.leedsth.nhs.uk/a-z-of-services/kidney-transplantation/live-kidney-transplantation-being-a-living-kidney-donor/

Please tick the box to confirm you have read and understood this information

DONOR DETAILS

Please enter your personal details below (*Required field)

Full name*	
Date of Birth*	
Gender*	
NHS number (if known)	
Address*	
Postcode*	
Home telephone	
Mobile telephone*	
Email address*	
GP name*	
GP address	
GP telephone number	
Blood group (if known)	
Height (in metres)*	
Weight (in kilograms)*	
(Office Use Only) BMI	
Occupation	
Do you have any dependents?	

RECIPIENT DETAILS

If you are directing your donation to a specific recipient, please enter their details below, or **if you want to be an altruistic donor please tick the first box below and leave the rest blank**

I wish to be an altruistic donor

Recipient full name	
Date of birth	
Relationship to recipient	
Is the recipient aware you have come forward?	
(Office use only) Recipient blood group	

MEDICAL AND SURGICAL HISTORY

Please give details of any previous surgery and past medical history

Do you have any health complaints?*	
If YES, please give details	
Have you ever been admitted to hospital or had any operations?*	
If YES, please give details	
Do you routinely take any medications (including over the counter medication)?*	
If YES, please give details	

MEDICAL AND SURGICAL HISTORY (Cont'd)

Do you smoke?	
If you smoke, are you willing to stop?	
Do you have a diabetes?*	
If YES, please give details	
If you are over 60, have you had bowel screening?*	
Are you up to date with cervical screening (if applicable)? *	

FAMILY HISTORY

Do any family members have, or have they had any of the following?

Disease	Yes/No	Details
Cancer*		
High blood pressure*		
Diabetes*		
Kidney stones/kidney disease*		
Mental health condition*		
Heart disease*		
Blood clots/DVTs*		
Stroke*		
Blood disorder/bleeding risk*		

OTHER

Please answer the following questions

I am willing to consider the National Living Donor Kidney Sharing Scheme (UKLKSS)?	
I am willing for the Live Donor Team to review my medical and GP records?*	
I am aware that there is a living donor reimbursement scheme that may cover my loss of earning and travel expenses?	
I would be able to take 8-12 weeks off work following my kidney donation.	

DECLARATION

Name of potential donor	
Date	
Please tick this box to confirm these answers are correct to the best of your knowledge and you agree to be contacted by the Live Donor Team.	

Office use only

Person administering questionnaire	
Date received	
Date reviewed	