

# 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](mailto: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/](http://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)

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

## 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

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

## MEDICAL AND SURGICAL HISTORY

Please give details of any previous surgery and past medical history

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

## 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

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

## DECLARATION

<b>Name of potential donor</b>	
<b>Date</b>	
<b>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.</b>	

## Office use only

<b>Person administering questionnaire</b>	
<b>Date received</b>	
<b>Date reviewed</b>	