

6565 Fannin, SM 447
Houston, Texas 77030
Telephone: 713-441-5485
Fax: 713-793-1335

The Methodist Hospital
Multi-Organ Transplant Center

Fax

ATTN: Bryon Rollins From: Elizabeth Martin, RN, BSN
Fax: 650-551-7801 Pages: 2
Phone: _____ Date: 9/2/04
Re: Donor Questionnaire CC: _____

☐ Urgent ☐ For Review ☒ Please Comment ☐ Please Reply ☐ Please Re

Dear Bryon,
Here is the questionnaire for your
Potential donors. Have them
fax it back to my attention.
Thanks,

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Elizabeth Martin RN

**POTENTIAL LIVING DONOR MEDICAL QUESTIONNAIRE**

FULL NAME: _____

DOB: _____, Age: _____, Sex: _____

Do you know your Blood Type? _____ If yes, what type: _____

Address: _____

Home Phone: _____ Other phone number: _____

Social Security Number: _____

Recipient's Name: _____

How are you related: _____

HT: _____

W: _____

6565 Fannin Street
Houston, Texas 77030-2707
713-790-3311**MEDICAL HISTORY**

Have you ever been treated for any of the following problems?

1. Heart Problem or disease: _____
2. Stroke: _____
3. Dizziness/memory loss: _____
4. High Blood Pressure: _____
5. Lung Problems: _____
6. Tuberculosis: _____
7. Stomach or intestine problems: _____
8. Lupus: _____
9. History of PKD: _____
10. Pancreatitis: _____
11. Hepatitis A, B, or C: _____
12. Any other Liver problems: _____
13. HIV: _____
14. Anemia: _____
15. Bleeding problems: _____
16. Cancer: _____
17. Diabetes: _____
18. Kidney infections: _____
19. Bladder Infections: _____
20. Kidney Stones: _____
21. Protein in your urine: _____
22. Gynecological Problems: _____
23. Psychological Conditions: _____
24. Drug Use: _____ If yes, what kind and how often: _____
25. Alcohol use: _____ If yes, How often: _____
26. Any other medical condition not mentioned: _____
27. Are you taking any medications? : _____ If yes, what kind of Medication: _____
28. Have you ever had a surgery? If yes, what kind and when: _____

Nurse: _____ Date: _____

Potential donor signature: _____ Date: _____