



940 NE 13th Street | Suite 2000 | Oklahoma City, OK 73104
Phone (405) 271-7498 | Toll Free (877) 817-6911 or (888) 777-7081 | Fax (405) 271-4329

Are you coming forward to be evaluated as a Living Donor voluntarily, or your own freewill, without feelings of stress, duress or coercion? Can you say you haven't been offered anything financial, materials or any other items of valuable consideration? YES NO

Patient Name: Male/Female: Age/DOB:
SSN: Current Address: City: State:
Phone Number: OK to leave voicemail? YES NO Email:
Best Time to Contact: Race: Height:
Intended Recipient: Relationship: Weight:
Current Prescription Medications:

Current Over-the-Counter Medications:

Do you have high blood pressure? Do you have diabetes? YES NO If yes, what type?

Do you have any cardiac issues? If yes, please explain.

Is there high blood pressure or cardiac issues in your immediate family? If yes, who and please explain.

Have you ever had cancer? If yes, please explain.

Has anyone in your immediate family had cancer? If yes, who and please explain.

Do you have any issues with your kidneys or urinary system? If yes, please explain.

Do you have any hematologic, bleeding or clotting issues? YES NO

Do you have any hereditary kidney diseases in your family? If yes, please explain.

Have you ever been diagnosed with any infectious diseases?

Do you have any hematologic, bleeding or clotting issues in your immediate family? If yes, who and please explain.

Is there anything we didn't ask about your health you think we should know?

Do you have a history of any mental health disorders? If yes, please explain.

**You will be contacted by our Living Donor Coordinator or another member of our staff within 72 hours of completing this form.