

## Living Liver Donor Health Screening Questionnaire

Thank you for your interest in living liver donation! The Penn liver transplant team is committed to helping you help others. To begin the referral process, please complete this survey and return to the Living Donor Team via email, fax or postage mail. Instructions are found on the last page of the questionnaire.

Once your referral form is received, a member of the liver living donor team will contact you to discuss next steps.

All information obtained in this profile will be confidential.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M\_\_ F\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Race: \_\_\_\_\_ Are you of Hispanic ethnicity?  Yes  No

Were you born outside of the US?  No  Yes - If yes, in what country were you born? \_\_\_\_\_

Have you ever traveled outside of the US?  No  Yes - If yes, where and when? \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not a US citizen:  alien  non-resident alien

Nationality: \_\_\_\_\_ Date of entry into USA: \_\_\_\_\_ Visa status: \_\_\_\_\_

Return date to country of origin: \_\_\_\_\_

(Note: you will be required to show your passport or residency card at the time of initial appointment.)

Liver Transplant Recipient's Name: \_\_\_\_\_ Recipient's DOB: \_\_\_\_\_

Does your recipient know that you are considering donating?  Yes  No

What is your relationship to the patient:  Family (please specify \_\_\_\_\_ )

Friend  Co-worker  None  I do not have a specific patient in mind

How were you referred to consider donation?  By a patient  friend/family  media source  other \_\_\_\_\_

### Demographics

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Other Contact Numbers: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Who would you identify as your "Emergency Contact"? (Please provide name, relationship to you, and a phone number.)

\_\_\_\_\_

Marital Status: married \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_ separated \_\_\_\_\_

Education Level:  grade school  high school  college/tech school  post graduate



Donor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN # \_\_\_\_\_

**FAMILY HISTORY:**

Tell us about your immediate family:

Name	Relationship	Age	Alive/Deceased	Major Illness/Cause of Death
	Mother			
	Father			
	Brother			
	Brother			
	Sister			
	Sister			

Is there a family history of any of the following conditions?

YES	NO		SPECIFY
		Cancer	
		Liver Disease	
		Other	

**SOCIAL HISTORY:**

**Smoking history:** No \_\_\_  
 Yes \_\_\_ **how long?** \_\_\_\_\_ **how much?** \_\_\_ ppd  
 Quit \_\_\_ **when?** \_\_\_\_\_ **how much?** \_\_\_ ppd

**Alcohol:** No \_\_\_  
 Yes \_\_\_ **how much?** \_\_\_\_\_ **how often?** \_\_\_\_\_  
 Quit \_\_\_ **when?** \_\_\_\_\_

**Recreational Drugs:** No/ Never: \_\_\_  
 Not at present: \_\_\_ **What drug(s)?** \_\_\_\_\_ **last use:** \_\_\_\_\_  
 Yes/currently: \_\_\_ **What drug(s)?** \_\_\_\_\_ **last use:** \_\_\_\_\_

Are you interested in discussing the National Living Donor Grant with the social worker? Yes \_\_\_ No \_\_\_

**Employment Status:** full-time \_\_\_ part-time \_\_\_ unemployed \_\_\_ student \_\_\_ disabled \_\_\_

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Membership #:** \_\_\_\_\_ **Group:** \_\_\_\_\_

Donor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MRN # \_\_\_\_\_

*Please fill out this form completely. You may return it to us in any method as listed below:*

- **FAX:** 215-662-2244 or 215-614-1795 to the attention of Linda Wood, RN, BSN
- **EMAIL:** [LivingLiverDonor@uphs.upenn.edu](mailto:LivingLiverDonor@uphs.upenn.edu)
- **POST:**  
*Linda Wood, RN, BSN  
Living Donor Coordinator – Liver Transplant Program  
Penn Transplant Institute  
Hospital of the University of Pennsylvania  
3400 Spruce Street  
2<sup>nd</sup> floor – Dulles  
Philadelphia, PA 19104*
- **Living Donor Office:** 215-349-8220