

# Saint Barnabas Medical Center

**RWJ**Barnabas  
HEALTH

## Living Donor Institute

### Welcome to the Living Donor Institute.

Thank you for your interest in living kidney donation.

Enclosed, please find:

- (1) a brochure with information on living kidney donation
- (2) a Referral Form

Please complete and return the Referral Form.

You can return the completed Referral Form by mail, using the envelope provided, or by fax, to 973-322-2273.

Once we receive your Referral Form, it will be reviewed by a Transplant Coordinator. A Transplant Coordinator is a Registered Nurse with expertise in kidney transplantation and living donation. The Transplant Coordinator will then call you to discuss the information that you provided in the Referral Form. During this call, the Transplant Coordinator will:

- (1) Review the overall education and evaluation process for donation, and
- (2) Answer any questions that you have.

If you prefer to discuss living donation with a Transplant Coordinator prior to completing these forms, then please call 973-322-5346.

Thank you for choosing Saint Barnabas Medical Center. We look forward to hearing from you soon.

### The Living Donor Institute Team

Main number: 973-322-5346

Fax: 973-322-2273

LEGAL NAME \_\_\_\_\_ SS# \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ RELIGION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HEIGHT _____
WEIGHT _____

CAN WE LEAVE MESSAGES ON YOUR HOME PHONE MACHINE? \_\_\_\_\_ CELL PHONE? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CAN WE COMMUNICATE WITH YOU BY EMAIL? \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU? (home phone/cell phone/email) \_\_\_\_\_

MARITAL STATUS: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Other

CHILDREN (ages) \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ARE YOU TAKING ANY MEDICATIONS? \_\_\_\_\_ WHAT ARE THEY? \_\_\_\_\_

MEDICAL/SURGICAL HISTORY \_\_\_\_\_

ALLERGIES \_\_\_\_\_ BLOOD TYPE (if known) \_\_\_\_\_

**HAVE YOU EVER HAD ANY OF THE FOLLOWING? Please circle if YES**

- |                           |               |                    |                          |
|---------------------------|---------------|--------------------|--------------------------|
| Kidney Infection          | Kidney Stones | Blood in the urine | Liver disease/ Hepatitis |
| Blood Disorder/Anemia     | Cancer        | Lung disease       | Heart Problems           |
| High Blood Pressure       | Stroke        | Drug/Alcohol Abuse | Psychiatric Problems     |
| Diabetes/High blood sugar |               |                    |                          |

**Check Box if YES:**

- I do not have a recipient and want to learn about non-directed kidney donation to someone in need of a kidney transplant
- I have a recipient that I want to donate to: Recipient's Name: \_\_\_\_\_  
Your relationship with recipient (i.e. how do you know them and for how long) \_\_\_\_\_  
If Recipient is a family member, do any family members, other than the recipient, have diabetes or kidney disease?  
\_\_\_\_\_
- If my recipient receives a kidney transplant from another living donor, I may be interested in learning about non-directed living kidney donation.

If returning by mail send to: SBMC Living Donor Institute, 94 Old Short Hills Road, EW Suite 302, Livingston NJ 07039 or FAX to 973-322-2273