

KIDNEY TRANSPLANT

PRODUCER NAME: _____

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Date of the transplant(s): _____
2. Single or multiple transplant: _____
3. What was the cause of the end stage renal disease which led to the transplant?
(cause for the transplant)

__ Diabetes __ Glomerulonephritis __ Nephrosclerosis
__ Systemic lupus erythematosus __ Polycystic kidney disease
__ Other: _____
4. What was the source of the donor kidney?
__ cadaver __ living related donor __ identical twin
__ other _____
5. Is client on any medications? (accurate name, dosage, and reason)
6. Please give most recent results of kidney function tests:
BUN _____
Serum creatinine _____
Urinalysis _____
7. Note if any of the following have occurred:
__ frequent infection __ rejection episodes __ toxicity from treatment
__ high blood pressure __ cardiovascular disease __ cancer
__ disease recurrence
8. How often are checkups? _____
9. Are there any disabilities since the transplant? (give details)
10. Are there any other health problems? (additional questionnaires may be required)
__ no
__ yes, give details _____

Please fax form to 612-392-7644 or email to mvp@mvp-servicesolutions.com