

## KIDNEY TRANSPLANT



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 \_\_\_\_\_