

**LIVER TRANSPLANT  
LIVING LIVER DONOR FORM**

ABOUT THIS QUESTIONNAIRE	CONTACT
<p>The following list of questions was developed using the Centers for Disease Control's (CDC) Donor Exclusion Criteria Guidelines. The CDC is a United States federal agency under the Department of Health and Human Services. You will be asked the below questions about high risk behavior on multiple occasions during the evaluation process. This is to protect you and to protect your recipient from possible harmful infectious disease that have been known to have been transmitted during the organ donation process.</p>	<p>Email: <a href="mailto:livertransplant@ucdavis.edu">livertransplant@ucdavis.edu</a></p> <p>Fax: (916) 734-5194</p>

**RECIPIENT INFORMATION**

Name of patient to whom you want to donate part of your liver :

Relationship to patient :

**DONOR INFORMATION / DEMOGRAPHICS:**

Referral Date :	DOB :
Name :	Sex :
Preferred Language :	Interpreter Needed :            Yes            No

**DONOR CONTACT INFORMATION :**

Address :	City :	State :
	Email :	
Home Phone :	Secondary Contact :	
Cell Phone :	Relationship :	Phone :

**DONOR HEALTH INFORMATION :**

HT :	Please list any previous surgeries you have had :	Medical History (please select all that apply):
WT :		
BMI :		
Allergies :		
Medication :		
Have you ever been referred to UC Davis? : Yes            No	Have you ever donated part of your liver or another organ? : Yes            No	
Do you hold any beliefs that would prohibit you from accepting blood products if needed? : Yes            No		

**DONOR SOCIAL INFORMATION :**

Do you smoke? : No      Tobacco      Marijuana	How often do you smoke? : a few times a week      a few times a month rarely
Do you currently or have you ever used illicit drugs? : Yes      No	If yes, which drugs? :
Do you drink? : Yes      No	How often do you drink? : rarely      every day a few times a week      a few times a month
Within the previous 30 days, do any of the following situations apply to you? (select all that apply):	
Man who has had sex with another man?	Drug injection for nonmedical reasons?
Sex in exchange for money or drugs?	Sex with a person who injected drugs for nonmedical reasons?
Sex with a person who has had sex in exchange for money or drugs?	Incarceration for greater than 72 hours (confinement in jail, prison or a juvenile correction facility)

**DONOR INSURANCE INFORMATION :**

Primary Care Provider :	
Phone Number :	Fax Number :
Primary Insurance Provider :	Member ID :
Secondary Insurance Provider :	Member ID :

**INSURANCE: Please include a copy of both sides of your insurance card.**

UC DAVIS TRANSPLANT CENTER  
4010 V Street | Building 12 | Sacramento, CA 95817  
Phone: (916) 734-2111 | Toll-free: (800) 821-9912  
Email: livertransplant@ucdavis.edu