Transplantation Services Stony Brook University Hospital Stony Brook, NY 11794-8192 631 444 2209 FAX: 631 444 3831

Clinic: 24 Research Way, Suite 500 East Setauket, NY 11733 631 444 9208 FAX: 631 444 6084

			Today's Date	e:	
Patient's Name:		Date of Birth:			
Social Security Number:		Primary Phone	Primary Phone Number:		
Alternate Phone Number:		Work Phone Num	Work Phone Number:		
Address:					
Emergency Contact (Name	and Phone N	lumber):			
Are you on dialysis?	YesNo	Туре:	Days	5:	
	Dialysis Start Date:				
Nephrologist (Kidney Doct	or):				
Height:	_ Weight:	Blood T	Blood Type (if known):		
Please list all medications	VOU are curr	antly taking as wall as o	wer-the-coun	ter medications:	
Medication	you are curre	Dose (mg/pill)		ow many times per day?	
		, 0,1 ,		, , ,	
Please list any known alle	rgies:		<b>.</b>		
Tobacco Use:					
Do you currently smake sig	garattes?	Vas No Backs no	ır dayı	Number of years:	
Do you currently smoke cigarettes?YesNo Packs per day:YesNo When did you quit:YesNo When did you quit:					
Alcohol Use:					
Do you drink alcohol?	Ves No	If so how much?			

Drug Use:	
Do you use recreational drugs?YesNo Type:	
Citizenship:  US Citizen  Non-US Citizen/US Resident	Non-US Citizen/Non-US Resident, Traveled to the US for reason other than transplantNon-US Citizen/Non- US Resident, Traveled to US for transplant
Country of permanent residence: Number of years in US:	_
Ethnicity/Race:	
American Indian or Alaska Native:	
American Indian Eskimo	Anima
Aleutian	Asian: Asian Indian/Indian Sub-Continent
Alaska Indian	Chinese
American Indian or Alaska Native: Other	Filipino
American Indian or Alaska Native: Not	Japanese
Specified/Unknown	Korean
Black or African American: African American African (Continental)	Vietnamese Asian: Other Asian: Not Specified/Unknown
West Indian	Hispanic/Latino:
Haitian	Mexican
Black or African American: Other	NexicanPuerto Rican (Mainland)
Black or African American: Not Specified/Unknown	Puerto Rican (Island)
	Cuban
Native Hawaiian or Other Pacific Islander:	Hispanic/Latino: Other
Native Hawaiian	Hispanic/Latino: Not Specified/Unknown
Guamanian or Chamorro	<u></u>
Samoan	White:
Native Hawaiian or Other Pacific Islander: Other	European Decent
Native Hawaiian or Other Pacific Islander: Not	Arab or Middle Eastern
Specified/Unknown	North African (Non-Black)
	White: Other
	White: Not Specified/Unknown

NoneGrade School (0-8)High School (9-12 or GED)Attended College/Technical SchoolAssociate/Bachelor DegreePost-College Graduate DegreeN/A (<5 years old)					
Employment Status:					
Are you currently working?YesNo					
If yes, are you working full-time or part-time?					
If not, are you retired?YesNo					
Are you on disability?YesNo When did you start ?					
Is your spouse employed?YesNo If not, when did he/she retire?					
Insurance:  Primary insurance:	Policy I.D. Number:				
Who is the policy holder? Name and Relationship:					
Secondary Insurance: Who is the policy holder? Name and Relationship:					
Have you had a previous transplant?YesNo If so, what type of transplant? When did your transplant fail? Do you know what caused your kidney failure?					
Do you have diabetes?YesNo Do	you have high blood pressure?YesNo				

**Highest Education Level:**