



Donor Outreach for Veterans, Corp. (DOVE)  
 Phone: 646-245-2894  
 Email: [Recipient@DOVETransplant.org](mailto:Recipient@DOVETransplant.org)  
 Website: [www.DOVETransplant.org](http://www.DOVETransplant.org)

## RECIPIENT REGISTRATION FORM

The following information is necessary for DOVE, Corp. to facilitate a transplant from a living donor. Please email this form to:  
[recipient@dovetransplant.org](mailto:recipient@dovetransplant.org)

**Please answer all questions, printing neatly and legibly using BLOCK LETTERS**

RECIPIENT							
Last Name:			First Name:			Middle Name:	
Height:	Weight:	Date of Birth:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Blood Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Don't Know		
Street Address:			City:		State:	ZIP Code:	Country:
Home Phone: (Numbers Only)		Cell Phone: (Numbers Only)		Work Phone: (Numbers Only)		Email:	
Occupation:				Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Partner Information							
Partner Last Name:			Partner First Name:			Partner Middle Name:	
Home Phone: (Numbers Only)		Cell Phone: (Numbers Only)		Work Phone: (Numbers Only)		Email:	
Military Service History:							
Military / Community Organizations Participated In:							

TRANSPLANT CENTER						
Hospital / Transplant Center Registered for Transplant:						
Street Address:			City:	State:	ZIP Code:	Country:
Transplant Coordinator(s):						
Work Phone: (Numbers Only)		Work Phone: (Numbers Only)		Email:		
Are you registered at any other Hospital / Transplant Center for transplant? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, which one?						

## RENAL HISTORY

What is the cause of your kidney failure?

Are you on dialysis?  Y  N If yes, which dialysis center?

Phone Number: (Numbers Only)

When did you start?

How do you receive dialysis?

Hemodialysis  Peritoneal Dialysis

Have you ever had a blood transfusion?

Y  N

Have you ever had a transplant?  Y  N If yes, where did you get the transplant?

When did this happen?

Do you have antibodies? If yes, please attach list with the MFI's (you can get this from your transplant center)  Y  N

## FAMILY HISTORY

### CHILDREN

Name

Contact Info

### SIBLINGS

Name

Contact Info

**Check all illness which has occurred in any blood relative and indicate their relationship with you.**

Diabetes:  Y  N

Urinary Tract Infection:  Y  N

High Blood Pressure:  Y  N

Kidney Stones:  Y  N

Cancer:  Y  N

Kidney Disease:  Y  N

Heart Disease:  Y  N

Stroke:  Y  N

Bleeding Tendency:  Y  N

Liver Disease:  Y  N

Have you tested your family / friends to see if they can donate their kidney?  Y  N Please explain:

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Is there any family member who is not a match and is willing to donate to someone else if the patient were to get a kidney in exchange?  Y  N  
If yes, please provide their contact information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone Number: (Numbers Only) \_\_\_\_\_ Email: \_\_\_\_\_

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What blood type are they?  A  B  AB  O  Don't Know

Does your community know of your need for a kidney?  Yes  No If yes, provide the contact information for the person trying to help you.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone Number: (Numbers Only) \_\_\_\_\_ Email: \_\_\_\_\_

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What attempts have been made? Please explain (ex. advertising, announcements, outreach, ... etc.)

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Please write a short biography of yourself to us to share with potential donors. (Please feel free to add an additional sheet.)

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Where did you hear about DOVE?

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The information presented by DOVE, Corp is provided as a courtesy. It is provided for informational purposes only and is not provided as a professional service or as medical advice for specific patients or donors. It is not a substitute for professional medical care. If a potential recipient has, or suspects that he/she may have a health problem, the potential recipient should consult his/her health care provider to obtain medical information and recommendations. DOVE, Corp expressly disclaims any representation or warranty express or implied concerning the accuracy, completeness or fitness for a particular purpose of the information. Persons accessing this information assume full responsibility for the use of the information and understand and agree that DOVE, Corp is not responsible or liable for any claim, loss or damage arising from the use of the information.

The medical information is provided as an information resource only and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your health care provider before making any healthcare decisions or for guidance about a specific medical condition. DOVE, Corp expressly disclaims responsibility, and shall have no liability, for any damages, loss, injury, or liability whatsoever suffered as a result of your reliance on the information received from DOVE, Corp. DOVE, Corp does not endorse specifically any test, treatment, or procedure that a potential donor may be given.

The signer acknowledges to have reviewed all the entered information on this form and has determined that it is all accurate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_