

**UCLA Kidney and Pancreas Transplant Program
UNOS INTAKE SHEET**

1. Last Name: _____ **First Name:** _____ **MI:** _____

Previous Name: _____

SSN: _____ - _____ - _____ **Gender: M/F** **Date of Birth:** _____ / _____ / _____

Permanent Zip Code: _____

State of Permanent Residence: _____
(State of full time residence, not where you are currently waiting for transplant)

2. Vitals: Height: _____ Weight: _____

3. Citizenship: US Citizen
 Non-US Citizen/US Resident
 Non-US Citizen/Non-US Resident, Traveled to US for Transplant
 Non-US Citizen/Non-US Resident, Traveled to US for Reason Other than transplant
Country of permanent residence: _____
Year of Entry to the US: _____

4. Ethnicity/Race: (select all origins that apply)

American Indian or Alaska Native

- American Indian
- Eskimo
- Aleutian
- Alaska Indian
- American Indian or Alaska Native: Other
- American Indian or Alaska Native:
Not Specified/Unknown

Asian

- Asian Indian/Indian Sub-Continent
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian: Other
- Asian: Not Specified/Unknown

Black of African American

- African American
- African (Continental)
- West Indian
- Haitian
- Black or African American: Other
- Black or African American: Not Specified/Unknown

Hispanic/Latino

- Mexican
- Puerto Rican (Mainland)
- Puerto Rican (island)
- Cuban
- Hispanic/Latino: Other
- Hispanic/Latino: Not Specified/Unknown

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Native Hawaiian or Other Pacific Islander: Other
- Native Hawaiian or Other Pacific Islander:
Not Specified/Unknown

White

- European Descent
- Arab or Middle Eastern
- North African (non-Black)
- White: Other
- White: Not Specified/Unknown

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5. Previous Transplants:

Organ	Transplant Date	Transplant Center	Graft Fail Date

6. Occupation: _____

7. Working for Income:

- Yes
- No
- Unknown

8. Highest Education Level

- None
- Grade School (0-8)
- High School (9-12) or GED
- Attended College/Technical School
- Associate Bachelor Degree
- Post-College Graduate Degree
- N/A (<5 Yrs Old)
- Unknown

9. Source of Payment:

Primary	Secondary	
<input type="radio"/>	<input type="radio"/>	Private Insurance, specify: _____
<input type="radio"/>	<input type="radio"/>	Public Insurance – Medicaid (Medi-Cal) <i>(funds from the government in which doctors and other health providers are paid for each service provided to the patient.)</i>
<input type="radio"/>	<input type="radio"/>	Public Insurance – Medicare Fee for Service (Has the Medicare been assigned to an HMO) <i>(funds from the government in which doctors and other health providers are paid for each service provided to the patient along with additional benefits such as coordination of care or reducing out-of-pocket expenses.)</i>
<input type="radio"/>	<input type="radio"/>	Public Insurance – Medicare & Choice (Just straight Medicare)
<input type="radio"/>	<input type="radio"/>	Public Insurance – Department of Veterans
<input type="radio"/>	<input type="radio"/>	Public Insurance – Other government program, specify: _____
<input type="radio"/>	<input type="radio"/>	Self
<input type="radio"/>	<input type="radio"/>	Donation
<input type="radio"/>	<input type="radio"/>	Free Care
<input type="radio"/>	<input type="radio"/>	Pending
<input type="radio"/>	<input type="radio"/>	Foreign Government

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10. Cause of Kidney disease: _____

11. Do you have diabetes? Yes No Unknown

If yes, please specify:

- Type I
- Type II
- Type Other
- Type Unknown
- Diabetes Status Unknown

Age of Onset: _____ years

12. Any previous cancer? Yes No Unknown

If Yes, specify type:

- | | |
|--|---|
| <input type="radio"/> Skin Melanoma | <input type="radio"/> Skin Non-Melanoma |
| <input type="radio"/> CNS Tumor | <input type="radio"/> Genitourinary |
| <input type="radio"/> Breast | <input type="radio"/> Thyroid |
| <input type="radio"/> Tongue/Throat/Larynx | <input type="radio"/> Lung |
| <input type="radio"/> Leukemia/Lymphoma | <input type="radio"/> Liver |
| <input type="radio"/> Other, specify | |

13. Any previous pancreas islet infusion? Yes No Unknown

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Contact Information Sheet

Please provide contact information for anybody who can help us find you at the time of a kidney offer.
(PLEASE PRINT)

ADDRESS:

Patient's Name: _____

Street Address: _____

City, State, Zip Code: _____

PHONE NUMBERS WHERE YOU CAN BE REACHED: OK TO LEAVE VOICEMAIL? YES NO

Any restrictions?

Home (if different from cell): (_____) _____ Yes No (Restrictions?)

Cellular: (_____) _____ Yes No (Restrictions?)

Work: (_____) _____ Yes No (Restrictions?)

OTHER CONTACTS:

1. Name: _____ Relationship: _____

Home (_____) _____

Work (_____) _____

Cell (_____) _____

2. Name: _____ Relationship: _____

Home (_____) _____

Work (_____) _____

Cell (_____) _____

3. Name: _____ Relationship: _____

Home (_____) _____

Work (_____) _____

Cell (_____) _____