KPS PATIENT FORM

(Please answer the following and write legibly, and answer the medical question part honestly)

Patient Name		unswer the medical question part honestry
Address		
Telephone No	Country Code () Tele	ephone Number:
In case of an	, , , , , ,	<u>-</u>
emergency, the person		
to contact		
Contact No	Country Code () Tele	ephone Number:
Age		
Date of Birth		
Citizenship/Nationality		
Blood Type	Weight	Height
Medical Data Submitted	Please check the medic	al data submitted:
	CBC	LIPID PROFILE
	BLOOD TYPING	URIC ACID
	HLA	DOPPLER ULTRASOUND OF
	RFTS	BOTH ABDOMINAL AND LEG
	LFTS	ARTERIES
	OTHERS: Please S	Specify 🚫
	so Air	
	<i>10</i>	
	ρ_{α}	
	ort	
Past Medical History		

Type of kidney disease			
Is your kidney disease			
accompanied by other	() Yes () No		
complications?			
If the answer above is			
"yes", please state			
other diseases			
High Blood Pressure			
Status			
Years of dialysis			
Number of dialysis	Frequency in a Week?		
	How many times?		
	What day of the week?		
Are you diabetic?	() Yes () No		
If "yes" Type of	() Type 1 () Type 2		
Diabetes	VI D		
How many years	_ e y		
already? (diabetic)			
Did you ever have any	() Yes () No		
blood transfusions?	7 - NY AND		
HLA Typing Test	() Yes () No		
If there is PRA, what is			
the positive rate?	/ Was / Was		
Does your doctor approve you for kidney	() Yes () No		
transplantation?			
Have the doctor	() Yes () No		
mentioned in his	If the answer above is "yes" can you please state the risk		
	mentioned to you by your doctor?		
diagnosis of you have	, , , , , , , , , , , , , , , , , , ,		
a risk of doing a			
kidney			
transplantation?			