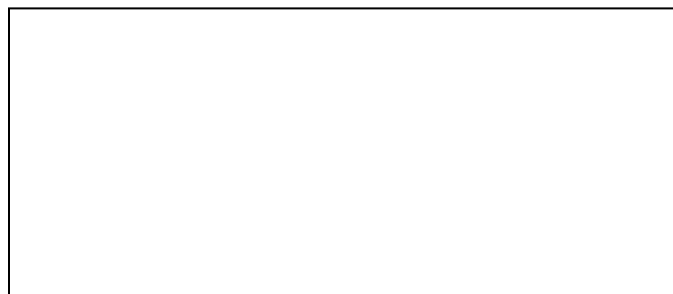




# PSYCHOSOCIAL ASSESSMENT LIVE KIDNEY DONOR



**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **Telephone:**  
Home: ( ) - Business: ( ) -

**ADDRESS:** \_\_\_\_\_ **PHYSICIAN: DR.** \_\_\_\_\_  
**DIAGNOSIS:** \_\_\_\_\_

**EDUCATION:** \_\_\_\_\_ **GENDER M**  **F**  **NEXT OF KIN: Relationship:** \_\_\_\_\_  
**EMPLOYED:**  **Y**  **N**  **MARITAL STATUS:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**OCCUPATION:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_ **Telephone: Home:** ( ) -  
Business: ( ) -

**INCOME:** \_\_\_\_\_ : **PAYMENT OF MEDICATIONS:** **LANGUAGES:** **Speaks** **Reads**  
Employment  EI  OW  Private Insurance:  **Y**  **N**  ENGLISH:      
ODSP  LTD  CPP  OAS  Company: \_\_\_\_\_ :      
Pension  Fin Indep  None  ODB: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_      
Other \_\_\_\_\_ Status First Nation Number: \_\_\_\_\_

**POWER OF ATTORNEY: FINANCES** **PERSONAL CARE**

**INFORMATION PROVIDED BY:** Patient  & \_\_\_\_\_ Relationship: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Interview Date: \_\_\_\_\_ of \_\_\_\_\_ , \_\_\_\_\_

**PROPOSED DONOR:** \_\_\_\_\_ Relationship to recipient: \_\_\_\_\_  
Donor's relationship to proposed recipient appears to be: Very close  Moderately close  Distant  Conflicted

**CURRENT SITUATION:** \_\_\_\_\_

**PERSONAL/FAMILY HISTORY:** \_\_\_\_\_

**SUPPORT SYSTEM:** Who: \_\_\_\_\_ : \_\_\_\_\_  
Financial: \_\_\_\_\_ Appears to be: Adequate  Inadequate  Unclear   
Emotional: \_\_\_\_\_ Appears to be: Adequate  Inadequate  Unclear   
Practical: \_\_\_\_\_ Appears to be: Adequate  Inadequate  Unclear

**COMMENTS** \_\_\_\_\_



# PSYCHOSOCIAL ASSESSMENT LIVE KIDNEY DONOR

**MOTIVATION FOR DONATION:**

Patient/Donor – appears to be: High  Low  Ambivalent  Unclear   
 Family – appears to be: High  Low  Ambivalent  Unclear

**EXPECTATION OF DONATION:**

Appears to be realistic: Y  N  Unclear   
 Knowledge about renal failure/future organ failure: Y  N  Unclear   
 Has considered possibility of unsuccessful outcome of transplant: Y  N  Unclear   
 Appears to understand requirements of programme for recipient: Y  N  Unclear   
 Plans to return to work: Y  N  Unclear

**PLAN FOR DONATION:**

Discussed plan with proposed donor: Y  N  Unclear   
 Satisfied with response/gratitude of proposed recipient: Y  N  Unclear   
 Care of other family members completed: Y  N  Not applicable   
 Financial arrangements completed: Y  N  Unclear   
 Living arrangements completed: Y  N  Unclear   
 Travel arrangements completed (post discharge): Y  N  Unclear

**ISSUES/CONCERNS COMMENTS:****ISSUES/CONCERNS:**

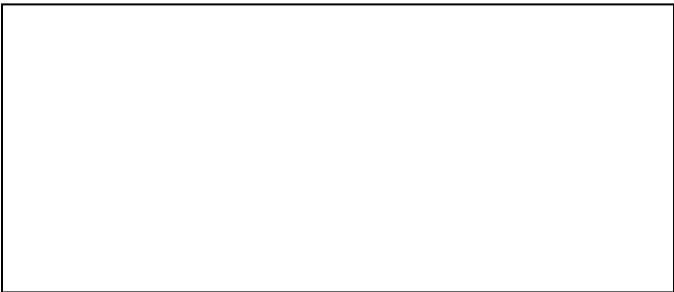
Financial: N  Y   
 Funding Sources Discussed: N  Y   
 Family: N  Y   
 Medication Coverage: N  Y   
 Coping with Illness: N  Y   
 Relocation/Accommodation: N  Y   
 Travel to Hospital  
 Appointment:

Substance Use Past: Tobacco: Alcohol: Recreational Drugs: Ceased:  
 Substance Use Current: Tobacco: Alcohol: Recreational Drugs:

**ISSUES/CONCERNS COMMENTS:**



# PSYCHOSOCIAL ASSESSMENT LIVE KIDNEY DONOR



### ASSESSMENT SUMMARY:

**SUITABILITY FOR DONATION:** Suitable  Suitable with Conditions  Needs further evaluation

**PLAN:**

- 1. Refer to Psychiatry/Mental Health Y  N  Completed
- 2. Other

### INTERVENTION PROGRESS NOTE:

Date: \_\_\_\_\_ Action \_\_\_\_\_

---

Renal Social Worker  
 Thunder Bay Regional Health Sciences Centre  
 980 Oliver Road  
 Thunder Bay, Ontario P7B 6V4  
 Phone ( ) - (Direct) Fax (807) 684-5841

**Guidelines:**

1. Form is completed by Renal Social Worker.
2. This form is completed as a required component of the live donor recipient transplant work up. Generally, this is completed as an outpatient.
3. Assessment is provided to designated renal transplant coordinator who forwards assessment to the transplant centre. A copy of the form is placed on the patient's renal medical record.

**Legend:**

EI – Employment Insurance	OW – Ontario Works	ODSP – Ontario Disability Support Program
LTD – Long Term Disability	CPP – Canada Pension Plan	OAS – Old Age Security
Fin Indep – Financially Independent	ODB – Ontario Drug Benefit	