

Living Donor Mentor Referral

Name _____ Date of birth _____
Address _____ e-mail _____

Primary language _____

What number should your mentor to call? (*Please remember that this may come up as a confidential number on caller ID.*) _____ best time(s) to call _____

Which organ will you donate: liver _____ kidney _____ laparoscopic/open?

How do you know the recipient? _____

What are your main concerns regarding organ donation? _____

How do your friends and family feel about your decision to be a donor?

Does anyone important in your life *not* want you to donate? _____

If so, please explain.

Are others (children/aged parents) dependent on you for care? _____

If so, please note any concerns you have about how donation will affect them.

Please use the back of this form to complete answers, if needed, and to provide any additional comments. Thank you.

*The above information will be used for matching purposes.
We will keep your last name and date of birth confidential.*