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NIH Neurobiobank

Pre-mortem Donor Recruitment Form

Recruitment of Donors

All fields with an * are required.

First Name Last Name

Phone E-mail

Address Address 2 City State

Zip Country

Age

Referral Affiliation

Questions or comments?

Have you ever seen a doctor for any memory trouble?

Yes No Don't Know

Name of Doctor: What did the doctor say w Have you ever had an examination with a specialist such as a neurologist?

Yes No Don't Know

Name of Doctor: Was a CAT Scan or MRI done?

Yes No Don't Know

Have you ever been hospitalized for evaluation or treatment of a neurological and/or neuropsychiatric disorder?

Yes No Don't Know

What diagnosis was given Has a doctor or nurse ever told you that you have high blood pressure that should be treated medically?

Yes No Don't Know

Have you ever had a stroke?

Yes No Don't Know

Have you had more than one stroke?

Yes No Don't Know

When did the stroke (first) Is one side of your body, or one leg/arm weaker than the YES other side?

Yes No Don't Know

Have you ever been told that you have Parkinson's disease?

Yes No Don't Know

If yes, Date of First Symp Date of Diagnosis: Date of First Symptom: Side of first symptom: Have

you ever had an injury to your head that resulted in the loss of consciousness for more than a few seconds?

Yes No Don't Know

When did this first happen Please describe the times Have you ever been on estrogen replacement therapy?

Yes No Not Applicable

Have you ever had any epileptic seizures or fits?

Yes No Don't Know

Have you ever had a problem drinking more alcohol than you should?

Yes No Don't Know

Did the memory problems coincide with the drinking?

Yes No Don't Know

Have you ever been depressed or sad for two weeks or more?

Yes No Don't Know

Did you ever seek treatment for the depression?

Yes No Don't Know

Do you have mood swings in which you go from being extremely depressed to being excessively happy and energetic?

Yes No Don't Know

Were you ever treated, or told you needed treatment for this?

Yes No Don't Know

Have you ever sought psychiatric or psychological help for any other reason?

Yes No Don't Know

Have you received a whole blood transfusion recently?

Yes No Don't Know

Has blood donation been denied in the past, specify below?

Yes No Don't Know

Current diagnosis of cancer (regardless of treatment and location)?

Yes No Don't Know

Infectious Disease?

Yes No Don't Know

Unexplained seizures?

Yes No Don't Know

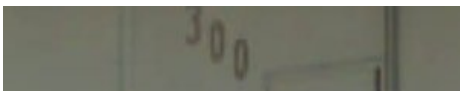
Exposure to toxic substances that may have led to chronic conditions?

Yes No Don't Know

Dementia with unknown cause (not from a previous CVA, infection, YES head trauma, or brain tumor)?

Yes No Don't Know

Please state your one notable lifetime achievement?



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