

Records ?

Transplant Candidate Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Provider Information
Recipient Center:

Candidate Information

Organ Registered:	Date Patient Placed on List:
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Last Name:	First Name:	MI:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Previous Surname:		
<input style="width: 90%;" type="text"/>		
SSN:	<input style="width: 90%;" type="text"/>	Gender:
HIC:	<input style="width: 90%;" type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
	DOB:	<input style="width: 90%;" type="text"/>

State of Permanent Residence:	<input style="width: 90%;" type="text"/>
Permanent ZIP Code:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>
Is Patient waiting in permanent ZIP code:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Ethnicity/Race:
(select all origins that apply)

<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleutian</p> <p><input type="checkbox"/> Alaska Indian</p> <p><input type="checkbox"/> American Indian or Alaska Native: Other</p> <p><input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown</p> <p>Black or African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African (Continental)</p> <p><input type="checkbox"/> West Indian</p> <p><input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> Black or African American: Other</p> <p><input type="checkbox"/> Black or African American: Not Specified/Unknown</p> <p>Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown</p>	<p>Asian</p> <p><input type="checkbox"/> Asian Indian/Indian Sub-Continent</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Asian: Other</p> <p><input type="checkbox"/> Asian: Not Specified/Unknown</p> <p>Hispanic/Latino</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Puerto Rican (Mainland)</p> <p><input type="checkbox"/> Puerto Rican (Island)</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Hispanic/Latino: Other</p> <p><input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown</p> <p>White</p> <p><input type="checkbox"/> European Descent</p> <p><input type="checkbox"/> Arab or Middle Eastern</p> <p><input type="checkbox"/> North African (non-Black)</p> <p><input type="checkbox"/> White: Other</p> <p><input type="checkbox"/> White: Not Specified/Unknown</p>
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Citizenship:	<input type="radio"/> U.S. CITIZEN <input type="radio"/> RESIDENT ALIEN <input type="radio"/> NON-RESIDENT ALIEN, Year Entered US
Year of Entry to the U.S.	<input style="width: 90%;" type="text"/>
Highest Education Level:	<input type="radio"/> NONE <input type="radio"/> GRADE SCHOOL (0-8) <input type="radio"/> HIGH SCHOOL (9-12) <input type="radio"/> ATTENDED COLLEGE/TECHNICAL SCHOOL <input type="radio"/> ASSOCIATE/BACHELOR DEGREE

	<input type="radio"/> POST-COLLEGE GRADUATE DEGREE <input type="radio"/> N/A (< 5 YRS OLD) <input type="radio"/> UNKNOWN
Medical Condition at time of listing:	<input type="radio"/> IN INTENSIVE CARE UNIT <input type="radio"/> HOSPITALIZED NOT IN ICU <input type="radio"/> NOT HOSPITALIZED
Patient on Life Support:	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="checkbox"/> Extra Corporeal Membrane Oxygenation <input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Prostacyclin Infusion <input type="checkbox"/> Prostacyclin Inhalation <input type="checkbox"/> Inhaled NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Other Mechanism, Specify Specify: <input type="text"/>
Patient on Ventricular Assist Device:	<input type="radio"/> NONE <input type="radio"/> LVAD <input type="radio"/> RVAD <input type="radio"/> TAH <input type="radio"/> LVAD+RVAD VAD Brand1: <input type="text"/> Specify: <input type="text"/> VAD Brand2: <input type="text"/> Specify: <input type="text"/>
Functional Status:	<input type="radio"/> Performs activities of daily living with NO assistance. <input type="radio"/> Performs activities of daily living with SOME assistance. <input type="radio"/> Performs activities of daily living with TOTAL assistance. <input type="radio"/> Not Applicable (example: Patient hospitalized, < 1 year old) <input type="radio"/> Unknown
Physical Capacity:	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <input type="radio"/> Not Applicable (example: < 1 year old) <input type="radio"/> Unknown
Working for income:	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> UNK <input type="radio"/> Disability <input type="radio"/> Demands of Treatment <input type="radio"/> Insurance Conflict <input type="radio"/> Inability to Find Work If No, Not Working Due To: <input type="radio"/> Patient Choice - Homemaker <input type="radio"/> Patient Choice - Student Full Time/Part Time <input type="radio"/> Patient Choice - Retired <input type="radio"/> Patient Choice - Other <input type="radio"/> Unknown <input type="radio"/> Working Full Time

Peptic Ulcer:

No

Yes, active within the last year

Yes, not active within the last year

Unknown

Angina:

No angina

Stable angina - strenuous activity results in angina

Stable angina - ordinary physical activity results in angina

Stable angina - no rest angina; does have angina with less than ordinary activity

Stable angina - angina with any physical activity or at rest

Unstable angina

Unknown if angina present

Drug Treated Systemic Hypertension: YES NO UNK

Symptomatic Cerebrovascular Disease: YES NO UNK

Symptomatic Peripheral Vascular Disease: YES NO UNK

Drug Treated COPD: YES NO UNK

Pulmonary Embolism: YES NO UNK

Any previous Malignancy: YES NO UNK

Specify Type:

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Type Unknown

Other, specify

Specify:

Most Recent Serum Creatinine: mg/dl **ST=**

Total Serum Albumin: g/dl **ST=**

Heart Medical Factors

Sudden Death: YES NO UNK

Antiarrhythmics: YES NO UNK

Amiodarone: YES NO UNK

Implantable Defibrillator: YES NO UNK

Infection Requiring IV Drug Therapy within 2/wks prior to listing: YES NO UNK

Exercise Oxygen Consumption: ml/min/kg **ST=**

Lung Medical Factors

Pulmonary Status:

FVC: %predicted **ST=**

FeV1: %predicted **ST=**

pCO2: mm/Hg **ST=**

ST=

FeV1(L)/FVC(L): ST=
 O2 Requirement at Rest: L/min ST=
 IV Treated Pulmonary Sepsis Episode >= 2 in last 12 months: YES NO UNK
 Corticosteroid Dependency >= 5mg/day: YES NO UNK
 Six minute walk distance: # of feet
 Pan-Resistant Bacterial Lung Infection: YES NO UNK

Heart/Lung Medical Factors:

Most Recent Hemodynamics:	Inotropes/Vasodilators:
PA (sys) mm/Hg: <input type="text"/> ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (dia) mm/Hg: <input type="text"/> ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PA (mean) mm/Hg: <input type="text"/> ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
PCW (mean) mm/Hg: <input type="text"/> ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
CO L/min: <input type="text"/> ST= <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

History of Cigarette Use: YES NO
 If Yes, Check # pack years:
 0-10
 11-20
 21-30
 31-40
 41-50
 >50
 Unknown pack years
 Duration of Abstinence:
 0-2 months
 3-12 months
 13-24 months
 25-36 months
 37-48 months
 49-60 months
 >60 months
 Unknown duration
Other Tobacco Use: YES NO UNK

Prior Cardiac Surgery (non-transplant): YES NO UNK
 If yes, check all that apply:
 CABG
 Valve Replacement/Repair
 Congenital
 Left Ventricular Remodeling
 Other, specify
 Specify:
Prior Lung Surgery (non-transplant): YES NO UNK
 Pneumoreduction
 Pneumothorax Surgery-Nodule
 Pneumothorax Decortication

If yes, check all that apply:

- Lobectomy
- Pneumonectomy
- Left Thoracotomy
- Right Thoracotomy
- Other, specify

Specify:

UNOS View Only

Comments: