

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:
		<input type="radio"/> Male <input type="radio"/> Female
HIC:	<input style="width: 90%;" type="text"/>	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 type="radio"/> NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Artificial Liver <input type="checkbox"/> Other Mechanism, Specify 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 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: <ul style="list-style-type: none"> <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 If Yes: <ul style="list-style-type: none"> <input type="radio"/> Working Full Time <input type="radio"/> Working Part Time due to Demands of Treatment <input type="radio"/> Working Part Time due to Disability <input type="radio"/> Working Part Time due to Insurance Conflict <input type="radio"/> Working Part Time due to Inability to Find Full Time Work <input type="radio"/> Working Part Time due to Patient Choice <input type="radio"/> Working Part Time Reason Unknown <input type="radio"/> Working, Part Time vs. Full Time Unknown
Academic Progress:	<input type="radio"/> Within One Grade Level of Peers <input type="radio"/> Delayed Grade Level <input type="radio"/> Special Education <input type="radio"/> Not Applicable < 5 years old <input type="radio"/> Status Unknown

Academic Activity Level:

Full academic load
 Reduced academic load
 Unable to participate in academics due to disease or condition
 Not Applicable < 5 years old
 Status Unknown

Previous Transplants:

Organ	Date	Graft Fail Date

If there are any prior transplants that are not listed here, please contact the UNet Help Desk to have the transplant event added to the database by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Previous Pancreas Islet Transplantation: YES NO UNK

Source of Payment:

Primary:

Specify:

Secondary:

Clinical Information: AT LISTING

Height: ft. in. cm %ile **ST=**

Weight: lbs kg %ile **ST=**

BMI: %ile

ABO Blood Group:

Primary Diagnosis:

Specify:

Secondary Diagnosis:

Specify:

General Medical Factors:

Diabetes:

No
 Type I
 Type II
 Type Other
 Type Unknown
 Diabetes Status Unknown

Dialysis:

No dialysis
 Hemodialysis
 Peritoneal Dialysis
 Dialysis Status Unknown
 Dialysis-Unknown Type was performed

Peptic Ulcer:

No
 Yes, active within the last year
 Yes, not active within the last year
 Unknown

Angina:

No
 Yes, and documented Coronary Artery Disease
 Yes, with no documented Coronary Artery Disease
 Yes, but Coronary Artery Disease unknown
 Status Unknown

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=**

Liver Medical Factors

Variceal Bleeding within Last Two Weeks: YES NO UNK

Previous Upper Abdominal Surgery: YES NO UNK

Spontaneous Bacterial Peritonitis: YES NO UNK

History of Portal Vein Thrombosis: YES NO UNK

History of TIPSS: YES NO UNK

UNOS View Only

Comments: