

Records ?

Living Donor 6-Month/Annual Follow-Up Worksheet

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

Donor ID:

Provider Information	
Recipient Center:	
Followup Center:	
Donor Information	
Name:	DOB:
SSN:	Gender:
Donor ID:	Recovery Date:
Organ:	
Donor Status	
Date of Initial Discharge:	<input type="text"/>
Date: Last Seen or Death *	<input type="text"/>
Donor Status: *	<input type="radio"/> Living <input type="radio"/> Dead <input type="radio"/> Lost <input type="radio"/> Not Seen
Cause of Death:	<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"/> Unknown
Physical Capacity:	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <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"/> Insurance Conflict <input type="radio"/> Inability to Find Work <input type="radio"/> Donor Choice - Homemaker <input type="radio"/> Donor Choice - Student Full Time/Part Time <input type="radio"/> Donor Choice - Retired <input type="radio"/> Donor Choice - Other <input type="radio"/> Unknown
If No, Not Working Due To:	
If Yes:	<input type="radio"/> Working Full Time <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 Donor Choice <input type="radio"/> Working Part Time Reason Unknown

Working, Part Time vs. Full Time Unknown

Clinical Information

Height: ft in cm **ST=**

Weight: lb kg **ST=**

Were any of the following procedures performed since last form submitted:

CAT Scan: Not Done
 Yes, Normal Results
 Yes, Specify Results

Specify:

MRI: Not Done
 Yes, Normal Results
 Yes, Specify Results

Specify:

Ultrasound: Not Done
 Yes, Normal Results
 Yes, Specify Results

Specify:

Liver Clinical Information

Most Recent Values:

Total Bilirubin: mg/dl **ST=**

SGOT/AST: U/L **ST=**

SGPT/ALT: U/L **ST=**

Alkaline Phosphatase: units/L **ST=**

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

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

INR: **ST=**

Kidney Clinical Information

Most Recent Values:

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

Blood Pressure Systolic: mm/Hg **ST=**

Blood Pressure Diastolic: mm/Hg **ST=**

Donor Developed Hypertension Requiring Medication: YES NO

Urinalysis:

Urine Protein: Positive
 Negative
 Not Done
 Unknown

or

Protein-Creatinine Ratio:	<input type="text"/>
Maintenance Dialysis:	<input type="radio"/> YES <input type="radio"/> NO
If Yes, Date First Dialyzed:	<input type="text"/>
Diabetes:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Treatment:	<input type="checkbox"/> Insulin <input type="checkbox"/> Oral Hypoglycemic Agent <input type="checkbox"/> Diet

Lung Clinical Information	
Activity Level:	<input type="radio"/> No change in activity level <input type="radio"/> Mild decrease in activity level <input type="radio"/> Moderate decrease in activity level <input type="radio"/> Severe decrease in activity level <input type="radio"/> Increase in activity level
Chronic Incisional Pain:	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe

Complications	
Has the donor been readmitted since last report:	<input type="radio"/> YES <input type="radio"/> NO
If Yes, Date of First Readmission Since Last Report:	<input type="text"/> ST= <input type="text"/>
Specify Reason for First Readmission:	<input type="text"/>
Kidney Complications since last report:	<input type="radio"/> YES <input type="radio"/> NO
If Yes:	<input type="checkbox"/> Added to UNOS TX candidate waiting list <input type="checkbox"/> Other, specify
Specify:	<input type="text"/>
Liver Complications since last report:	<input type="radio"/> YES <input type="radio"/> NO
If Yes:	<input type="checkbox"/> Bile Leak <input type="checkbox"/> Hepatic Resection <input type="checkbox"/> Abscess <input type="checkbox"/> Liver Failure <input type="checkbox"/> Added to UNOS TX candidate waiting list <input type="checkbox"/> Other, specify
Specify:	<input type="text"/>
Complications since last report:	<input type="radio"/> YES <input type="radio"/> NO
Specify:	<input type="text"/>

Recipient Information	
Name:	
SSN:	

UNOS View Only	
Comments:	<input type="text"/>