

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 of Listing or Add:
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Last Name:	First Name:	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Surname:		
<input type="text"/>		
SSN:	Gender:	<input type="radio"/> Male <input type="radio"/> Female
HIC:	DOB:	<input type="text"/>

State of Permanent Residence:	<input type="text"/>
Permanent ZIP Code:	<input type="text"/> - <input 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)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian/Indian Sub-Continent
<input type="checkbox"/> Eskimo	<input type="checkbox"/> Chinese
<input type="checkbox"/> Aleutian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Alaska Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> American Indian or Alaska Native: Other	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Asian: Other
	<input type="checkbox"/> Asian: Not Specified/Unknown
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> African American	<input type="checkbox"/> Mexican
<input type="checkbox"/> African (Continental)	<input type="checkbox"/> Puerto Rican (Mainland)
<input type="checkbox"/> West Indian	<input type="checkbox"/> Puerto Rican (Island)
<input type="checkbox"/> Haitian	<input type="checkbox"/> Cuban
<input type="checkbox"/> Black or African American: Other	<input type="checkbox"/> Hispanic/Latino: Other
<input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> European Descent
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Arab or Middle Eastern
<input type="checkbox"/> Samoan	<input type="checkbox"/> North African (non-Black)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other	<input type="checkbox"/> White: Other
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	<input type="checkbox"/> White: Not Specified/Unknown

Citizenship:

- U.S. CITIZEN
- RESIDENT ALIEN
- NON-RESIDENT ALIEN, Year Entered US

Year of Entry to the U.S.

Highest Education Level:

- NONE
- GRADE SCHOOL (0-8)
- HIGH SCHOOL (9-12)
- ATTENDED COLLEGE/TECHNICAL SCHOOL
- ASSOCIATE/BACHELOR DEGREE
- POST-COLLEGE GRADUATE DEGREE
- N/A (< 5 YRS OLD)
- UNKNOWN

Medical Condition at time of listing:

- IN INTENSIVE CARE UNIT
- HOSPITALIZED NOT IN ICU
- NOT HOSPITALIZED

Patient on Life Support:

- YES NO

- Extra Corporeal Membrane Oxygenation
- Intra Aortic Balloon Pump
- Prostacyclin Infusion
- Prostacyclin Inhalation
- Inhaled NO
- Ventilator
- Other Mechanism, Specify

Specify:

Patient on Ventricular Assist Device:

- NONE
- LVAD
- RVAD
- TAH
- LVAD+RVAD

VAD Brand1:

Specify:

VAD Brand2:

Specify:

Functional Status:

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income:

- YES NO UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- 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/ High School graduate
- 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 Infusion: 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:

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 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

Name:

YES NO UNK

Name:

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
- Liver
- Other, specify

Specify:

Most Recent Serum Creatinine:

mg/dl **ST=**

Total Serum Albumin:

g/dl **ST=**

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=

FeV1(L)/FVC(L): ST=

O2 Requirement at Rest: L/min ST=

IV Treated Pulmonary Sepsis Episode \geq 2 in last 12 months: YES NO UNK

Corticosteroid Dependency \geq 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: ST= YES NO

PA (dia) mm/Hg: ST= YES NO

PA (mean) mm/Hg: ST= YES NO

PCW (mean) mm/Hg: ST= YES NO

CO L/min: ST= YES 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
- Continues To Smoke
- 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

If yes, check all that apply:

- Pneumoreduction
- Pneumothorax Surgery-Nodule
- Pneumothorax Decortication
- Lobectomy
- Pneumonectomy
- Left Thoracotomy

Right Thoracotomy

Other, specify

Specify: