

## Transplant Candidate Registration Worksheet

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

<b>Provider Information</b>
Recipient Center: <input type="text"/>

<b>Candidate Information</b>
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Organ Registered: <input type="text"/>	Date of Listing or Add: <input type="text"/>
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Last Name: <input type="text"/>	First Name: <input type="text"/>	MI: <input type="text"/>
Previous Surname: <input type="text"/>		
SSN: <input type="text"/>	Gender: <input type="radio"/> Male <input type="radio"/> Female	
HIC: <input type="text"/>	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

<b>Ethnicity/Race:</b> (select all origins that apply)	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleutian <input type="checkbox"/> Alaska Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian/Indian Sub-Continent <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <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"/> African American <input type="checkbox"/> African (Continental) <input type="checkbox"/> West Indian <input type="checkbox"/> Haitian <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/Unknown	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island) <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/Latino: Other <input type="checkbox"/> Hispanic/Latino: Not Specified/Unknown
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not Specified/Unknown	<input type="checkbox"/> White <input type="checkbox"/> European Descent <input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> North African (non-Black) <input type="checkbox"/> White: Other <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

- Ventilator
- Artificial Liver
- Other Mechanism, Specify

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](mailto: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:

**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

Skin Melanoma

Skin Non-Melanoma

CNS Tumor

Genitourinary

Breast

Specify Type:

Thyroid

Tongue/Throat/Larynx

Lung

Leukemia/Lymphoma

Liver

Other, specify

Specify:

Most Recent Serum Creatinine:

 mg/dl

Name:

Name:

 g/dl

ST=

### Intestine Medical Factors

Exhausted Vascular Access:  YES  NO  UNK

Liver Dysfunction:  YES  NO  UNK

Intestine Neoplasm:  YES  NO  UNK

History of Portal Vein Thrombosis:  YES  NO  UNK

History of TIPSS:  YES  NO  UNK