

## Transplant Candidate Registration Worksheet

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

<b>Provider Information</b>
<b>Recipient Center:</b>

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

<b>State of Permanent Residence:</b>	<input type="text"/>
<b>Permanent ZIP Code:</b>	<input type="text"/> - <input type="text"/>
<b>Is Patient waiting in permanent ZIP code:</b>	<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"/> 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

- 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.*

**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
- CAVH: Continuous Arteriovenous Hemofiltration
- CV VH: Continuous Venous/Venous Hemofiltration
- 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:**

### Liver Medical Factors

**Name:**

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