

Records

Living Donor 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:

Date: Last Seen or Death

Donor Status:

Living

Dead

Cause of Death:

Specify:

Functional Status:

Physical Capacity:

No Limitations

Limited Mobility

Wheelchair bound or more limited

Unknown

Working for Income:

YES NO UNK

Disability

Insurance Conflict

Inability to Find Work

If No, Not Working Due To:

Donor Choice - Homemaker

Donor Choice - Student Full Time/Part Time

Donor Choice - Retired

If Yes:

- Donor Choice - Other
- Unknown
- Working Full Time
- 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 Donor Choice
- 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
 - Unknown

Specify:

- MRI:**
- Not Done
 - Yes, Normal Results
 - Yes, Specify Results
 - Unknown

Specify:

- Ultrasound:**
- Not Done
 - Yes, Normal Results
 - Yes, Specify Results
 - Unknown

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 UNK

Urinalysis:

Urine Protein: Positive
 Negative
 Not Done
 Unknown

or

Protein-Creatinine Ratio:

Maintenance Dialysis: YES NO UNK

If Yes, Date First Dialyzed:

Diabetes:

YES NO UNK

Treatment:

Insulin

Oral Hypoglycemic Agent

Diet

Lung Clinical Information

Activity Level:

No change in activity level

Mild decrease in activity level

Moderate decrease in activity level

Severe decrease in activity level

Increase in activity level

Unknown

Chronic Incisional Pain:

Mild

Moderate

Severe

Unknown

Complications

Has the donor been readmitted since last report:

YES NO UNK

If Yes, Date of First Readmission Since Last Report:

ST=

Specify Reason for First Readmission:

Kidney Complications since last report:

YES NO UNK

If Yes:

Added to UNOS TX candidate waiting list

Other, specify

Specify:

Liver Complications since last report:

YES NO UNK

Bile Leak

Hepatic Resection

If Yes:

Abscess

Liver Failure

Added to UNOS TX candidate waiting list

Other, specify

Specify:

Complications since last report:

YES NO

Specify:

Recipient Information

Name:

SSN: