

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

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
- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- Status Unknown

Academic Progress:

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:

- No

Diabetes:

- 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

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

ST=

Total Serum Albumin:

 g/dl

ST=

Pancreas Medical Factors

Age of Diabetes Onset:

 yrs

ST=