

## Notes: Your Transplant Referral Evaluation

Transplant Center:

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Address:

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Phone Number:

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Physician Name:

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Transplant Coordinator:

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Visit Date:

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Visit Notes:

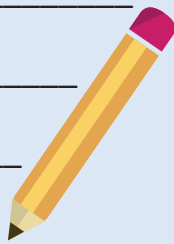
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### ESRD Network 7: The Florida ESRD Network

3000 Bayport Drive, Suite 300  
Tampa, FL 33607

Phone: 800.826.3773

Fax: 813.354.1514

[www.hsag.com/esrdnetwork7](http://www.hsag.com/esrdnetwork7)

### ESRD Network 17

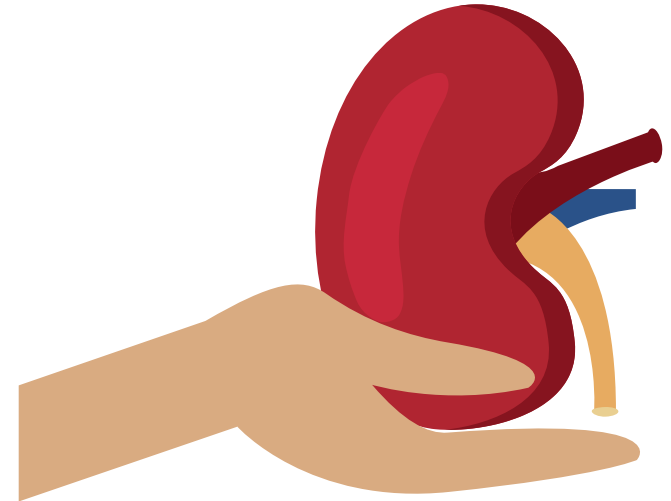
533 Airport Road, Suite 400  
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Let's  
Get Started!



## Considering a Transplant?

Are You Ready for Your Evaluation?



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## Considering a Transplant?

Here is a list of items you can start working on with your provider to prepare for your transplant evaluation. While this list is not all inclusive, it provides the basics required by all transplant centers when evaluating potential transplant candidates. Get started by bringing this completed list to your transplant referral appointment. The transplant center will let you know other individualized testing needed.

Patient Name: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_ Dialysis Start Date: \_\_\_\_\_

Issue	Date and Location Completed	Name of Provider
Have you had a history and physical within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you seen a dentist within the last year? (Dental issues are not necessarily a barrier.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your immunizations up to date? <input type="checkbox"/> Tetanus <input type="checkbox"/> Pneumonia <input type="checkbox"/> MMR—Measles/Mumps/Rubella <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Flu		
Do you have an updated medication list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colonoscopy (a screening for colon cancer) for patients 50+	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PSA (a blood test to check the prostate) for males 50+	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mammogram (a screening for breast cancer) for females >40	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pap Smear (a screening for cervical cancer) for females 21–65	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have diabetes, have you had an A1C (blood sugar test) within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you seen an endocrinologist within the last year? Age of diabetes onset: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Maintaining a healthy lifestyle, complying with medication and treatment orders, striving for healthy body strength and weight are all ways you can prepare for a transplant and shorten the time from referral to waitlist to transplant.

- Do you maintain a healthy body weight?  Yes  No \_\_\_\_\_(Lbs/Kgs)      Do you maintain a healthy diet?  Yes  No
- Do you exercise regularly?  Yes  No *If No, consider speaking to your physician about starting an exercise program and/or diet.*
- Are you a smoker?  Yes  No *If Yes, consider starting a smoking cessation program.*
- Do you follow your dialysis prescription for:
  - Medication  Yes  No      Diet  Yes  No      Fluid Management  Yes  No      Treatment Attendance  Yes  No