Notes: Your Transplant Referral Evaluation

Transplant Center:

Address:

Physician Name:

Transplant Coordinator:

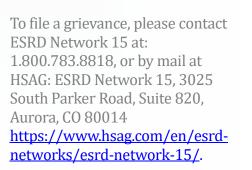
Visit Date:

Visit Notes



HSAG: ESRD Network 15

Address: 3025 South Parker Rd. Suite 820 Aurora, CO 80014 **Phone:** 800.783.8818 Fax: 303.860.8392



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Considering a **Transplant?**

Let's Get Started





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 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 a physical with Yes No	in the last 12 months?		
Have you seen a dentist within the last yea (Dental issues are not necessarily a barrier			
Are you immunizations up to date? MMR Tetanus PCV 13 Pneu Hep A Hep B PPV 23 Flu	umonia		
Do you have an updated medication list?	Yes No		
Colonoscopy for patients 50+	Yes No		
PSA for males 50+	□Yes □No		
Mammogram for females >40	Yes No		
Pap Smear for females 21–65	🗌 Yes 🗌 No		
If you have diabetes, have you had an A1C with Have you seen an Endocrinologist within the L Age of onset	•		

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 lifestyle?
Yes No Body Weight (Lbs/Kgs)

• Do you exercise regularly? Yes No If No, consider speaking to your physician about starting an exercise program.

• Are you a smoker?
Yes No If Yes, consider starting a smoking cessation program.

• Do you follow your dialysis prescription?
Yes No

Medication ____ Diet ____ Fluid Management _____ Treatment Attendance _