Pre-Transplant Evaluation Data Sheet

Hepatologist: **Diagnosis:**

Name:	US Citizen: □ Yes □ No Date of entry
DOB:	Education Level:
SSN:	Occupation:
Ph# Alt#	Working for income:
Support name(s) & #:	Karnofsky score:
	Distance from MDMC:
Referring Physician:	Specialists:
Ht: Wt:	Preferred Lab:
Assessment:	
Allergies: □NKDA □Yes	Dentures: □ Yes □ No □ Full □ Partials
Blood Tx? □Yes □No □Unk	History of smoking: □Yes □No
Hx of Cancer: □Yes □No Type:	• Currently Smoking- How much?
Diabetes: Type I or II □Yes □No Year Dx:	• Previous Smoker- How much?
• Insulin □Yes □No Oral Agent □Yes □No	• Quit date:
High Blood Pressure: □Yes □No	Anyone in household smoke? □Yes □No
Elevated Cholesterol/Lipids: □Yes □No	History of lung disease: □Yes □No
Most Recent EGD: □Yes □No	• Asthma: □ Yes □No
• Date:	• Bronchitis: □ Yes □No
• Dr:	• Sleep Apnea: □ Yes □No
• Facility:	• Home O2 use: □ Yes □No
Most Recent Colonoscopy: □Yes □No	Prior Liver biopsy: □Yes □No
• Date:	• When/where:
• Dr:	History of heart disease/angina: □Yes □No
• Facility:	Family history of heart disease: □Yes □No
Hysterectomy? □Yes □No Reason:	History of seizures: □Yes □No
Menstrual cycle in the last 12months?: □Yes □No	• Type & onset:
Last Pap Smear:	• Last seizure:
• Date:	• Neurologist:
• Dr:	History of:
• Facility:	• Depression: □Yes □No
Last Mammogram: □Yes □No	• Anxiety: □Yes □No
• Date:	• Mental illness: □Yes □No
• Dr:	History of drug or alcohol use: □Yes □No
• Facility:	• Name/route:
• History of positive TB skin test: □Yes □No	• Length of use:
Most recent vaccinations:	• Last use:
• Season Flu: □Yes □No	AA/NA: □Yes □No Duration:
• Pneumonia (5 yrs): □Yes □No Unk	History of kidney disease: □Yes □No
• Shingles: □Yes □No Unk	History of kidney stones: □Yes □No
• Hepatitis A: □Yes □No □Unk	Hemodialysis: □Yes □No
• Hepatitis B: □Yes □No □Unk	• Schedule:
• Covid: □Yes □No Type/Dates	• Dialysis start date:
Ascites: □Yes □No	• Dialysis Center:
Have you ever had a paracentesis?: □Yes □No	• Nephrologist:
How ordered:	Abdominal Surgeries: □Yes (list) □No
• Facility:	
• Last para:	Other :
History of SBP: □Yes □No	
History of PVT: □Yes □No	Date/Coordinator: