**TRANSITION MEDICAL SUMMARY**

**KIDNEY TRANSPLANT**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_**

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| **CAUSE OF PRIMARY KIDNEY FAILURE** |

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| **BIOPSY OF NATIVE KIDNEY (include report if available)** |

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| **DATE(S) OF TRANSPLANT(S)** |

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| **INITIAL IMMUNOSUPPRESSION**  |

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| **INITIAL TRANSPLANT SURGICAL OPERATIVE NOTES**  |

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| **TRANSPLANT HISTORY**  |
| Matching/donor type |  |
| KDPI, if known |  |
| Donor age |  |

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| **CURRENT MEDICATIONS (and important historical changes in medications)**  |

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| **ALLERGIES**  |

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| **CURRENT WEIGHT**  |

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| **LABORATORY DATA**  |
| Serum Cr range |  |
| CPRA Crossmatch |  |
| Donor Specific Antibodies |  |
| CMV  | Donor |  | Recipient |  |
| EBV | Donor |  | Recipient |  |
| Other |  |

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| **TRANSPLANT COMPLICATIONS**  |
| Rejection *(date, type, treatment)* |  |
| Surgical complications |  |
| Infection History *(EBV, CMV, BK virus)* |  |
| Metabolic complications: NODAT |  |
| Malignancy (PTLD) |  |
| Other |  |

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| **IMAGING/HISTOLOGY DATA (date and type)** |

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| **TRANSPLANT ORGAN BIOPSY DATA (include reports)**  |

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| **ADDITIONAL MEDICAL ISSUES**  |

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| **RECENT AND/OR IMPORTANT HOSPITALIZATIONS**  |

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| **PSYCHOSOCIAL ISSUES**  |
| School/Employment |  |
| Family/Housing |  |
| Adherence |  |
| Mental Health  |  |
| Physical Status |  |

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| **INSURANCE STATUS**  |
| Provider |  |
| ID number |  |
| Phone |  |

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| **PATIENT CONTACT INFORMATION** |
| Home phone |  |
| Cell phone |  |
| Home address |  |
| Secondary contact name |  |
| Secondary contact phone number |  |

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| **PEDIATRIC PROVIDER CONTACT INFORMATION** |
| Pediatric Transplant Coordinator name |  |
| Office phone number |  |
| Office fax number |  |
| Office location |  |

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| **PRIMARY CARE PROVIDER CONTACT INFORMATION** |
| Physician name |  |
| Office phone number |  |
| Office fax number |  |
| Office location |  |