**TRANSITION MEDICAL SUMMARY**

**LIVER TRANSPLANT**

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

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| **INDICATION FOR LIVER TRANSPLANT** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF TRANSPLANT** | | | | |
|  | Deceased donor |  | Living donor |  |
|  | Whole liver |  | Split liver | **Comments:** |

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| **INITIAL TRANSPLANT SURGICAL OPERATIVE NOTES** |

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| **INITIAL IMMUNOSUPPRESSION** |

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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** | |
| Liver function tests |  |
| TAC or CYA levels: current |  |
| TAC or CYA levels: goal |  |
| Other |  |

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| **TRANSPLANT COMPLICATIONS** | |
| Rejection *(date, type, treatment)* |  |
| Surgical complications |  |
| Vascular or biliary issues |  |
| Infection History *(EBV/PTLD, CMV)* |  |
| Other |  |

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

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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 |  |