**TRANSITION MEDICAL SUMMARY**

**LIVER TRANSPLANT**

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

|  |
| --- |
| **INDICATION FOR LIVER TRANSPLANT** |

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

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

|  |
| --- |
| **INITIAL TRANSPLANT SURGICAL OPERATIVE NOTES**  |

|  |
| --- |
| **INITIAL IMMUNOSUPPRESSION**  |

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

|  |
| --- |
| **ALLERGIES**  |

|  |
| --- |
| **CURRENT WEIGHT**  |

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

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

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

|  |
| --- |
| **ADDITIONAL MEDICAL ISSUES**  |

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

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

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

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

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

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