

Notes: Your Transplant Referral Evaluation

Transplant Center:

Address:

Phone Number:

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

To file a grievance, please contact ESRD Network 15 at: 1.800.783.8818, or by mail at HSAG: ESRD Network 15, 3025 South Parker Road, Suite 820, Aurora, CO 80014
<https://www.hsag.com/en/esrd-networks/esrd-network-15/>.

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Considering a Transplant?

Let's Get Started



ESRD Network 15

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 within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you seen a dentist within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No (Dental issues are not necessarily a barrier.)		
Are your immunizations up to date? <input type="checkbox"/> MMR <input type="checkbox"/> Tetanus <input type="checkbox"/> PCV 13 <input type="checkbox"/> Pneumonia <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> PPV 23 <input type="checkbox"/> Flu		
Do you have an updated medication list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Colonoscopy for patients 50+ <input type="checkbox"/> Yes <input type="checkbox"/> No		
PSA for males 50+ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mammogram for females >40 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pap Smear for females 21–65 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have diabetes, have you had an A1C within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you seen an Endocrinologist within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 _____