

Camper Name: _____

Birthdate: _____



SOLID ORGAN TRANSPLANT FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This form, in addition to the Physical Exam form, must be completed by the medical specialist for all applicants interested in participating in our solid organ transplant session.

Specialty MD _____ Day Phone _____ After Hours Phone _____

Address _____ Email _____

Hospital (where child is treated): _____ Nurse/Coordinator: _____

Type of transplant(s): Heart Kidney Liver Intestinal Pancreas

Transplant Doctor(s) _____ Hospital _____

Coordinator _____ Phone number _____

Underlying diagnosis requiring organ transplant: _____

History of rejections? No Yes *If yes, date of last rejection: _____ Treated with: _____*

Other medical or surgical complications since transplant? (May attach clinic notes) _____

Other diagnoses List *Please check if child has/had:*

Hepatitis B Hepatitis C Autoimmune Hepatitis HIV Seizures TB Other _____

Complications List *Please check if child has/had:*

PTLD Hypertlipidemia CMV Disease Acute Cellular Rejection Chronic Rejection

Hypertension Renal insufficiency Enuresis HAT/PVT/Biliary complications At risk for bleeding

Splenomegaly >2 cm below LCM Transplant < 1 year from attendance at camp?

Anticoagulants: No Yes *If YES, type:* ASA Coumadin Other _____

Diabetes: No Yes *If yes: Insulin dependent?* No Yes *Endocrinologist:* _____

Please provide BP parameters: Call for BP greater than _____ OR Less than _____

Does this child require labs while at camp? No Yes *If yes, please list labs and date needed:* _____

Additional Comments: _____

Please attach last transplant clinic note

Physician Name (Print) Signature Date

Completed by (Print Name) Signature Date