

**HEALTH NET
TRANSPLANTATION REQUEST
HEART**

Patient: _____ Age: _____ Date: _____

Member #: _____

Transplant Type: _____

Etiology of Organ Failure: _____

Attending Physician: _____

Phone: _____

Fax: _____

Form Completed By: _____

Title: _____

Phone: _____

Fax: _____

ATTENDING PHYSICIAN ATTESTATION

The responses in this document have been reviewed and are accurate.

(Signature)

(Date)

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PATIENT CLINICAL PROFILE

CLINICAL HISTORY (Functional Assessment Over Time)

PATIENT'S NEW YORK HEART ASSOCIATION FUNCTIONAL CLASSIFICATION

Present _____ 1 Year Ago _____
6 months ago _____ 2 Years Ago _____

DOCUMENTATION OF END-STAGE HEART DISEASE

Medications (dose/response) during the past 24 months

Present Medications (dose/response)

Cardiac Cath Result

Date of Cath _____

Ejection fraction: _____
PCW pressure: _____
PA pressure: _____
RV pressure: _____

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DOCUMENTATION OF END-STAGE HEART DISEASE (CONT.)

Cardiac Cath Result (Cont.)

Coronary anatomy: _____

Chamber/septal anatomy: _____

- What is the pulmonary vascular resistance (Woods Units) _____
- Has the patient had inotropes/vasodilators with a remeasuring of the pulmonary vascular resistance?

YES _____ NO _____

RESULT (Woods Units) _____

OTHER MEDICAL FACTORS

Does the patient have?

| | <u>YES</u> | <u>NO</u> | <u>DOCUMENTATION</u> |
|-----------------------------|-------------------|------------------|-----------------------------|
| Renal Dysfunction | _____ | _____ | _____ |
| Liver Dysfunction | _____ | _____ | _____ |
| Pulmonary Dysfunction | _____ | _____ | _____ |
| Active Infection | _____ | _____ | _____ |
| Peripheral Vascular Disease | _____ | _____ | _____ |
| Cerebrovascular Disease | _____ | _____ | _____ |
| Diabetes | _____ | _____ | _____ |
| Prior History of Malignancy | _____ | _____ | _____ |
| Active Peptic Ulcer Disease | _____ | _____ | _____ |

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LAB TESTS

Hepatitis B

Antigen Positive: _____ Negative: _____

Antibody Positive: _____ Negative: _____

HIV Positive _____ Negative: _____

Psychosocial background, including history of alcohol or drug abuse:

Other Comments:
