HEALTH NET
TRANSPLANTATION REQUEST
HEART/LUNG

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 CARDIAC/LUNG 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: _____

Coronary anatomy: _____

Chamber/septal anatomy: _____

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DOCUMENTATION OF END-STAGE CARDIAC/LUNG DISEASE (CONT.)

- 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) _____

PFT RESULT

Date of PFT _____

		Without Bronchodilators (% Predicted)	With Bronchodilators (% Predicted)
FVC	(forced vital capacity)	_____	_____
FEV1	(forced expiratory volume)	_____	_____
PEFR	(peak expiratory flow rate)	_____	_____
MVV	(maximum voluntary ventilation)	_____	_____
TLC	(total lung capacity)	_____	_____
FRC	(functional residual capacity)	_____	_____
RV	(residual volume)	_____	_____
ABG	(room air)	_____	_____

Does the patient smoke? Yes _____ No _____

OTHER MEDICAL FACTORS

Does the patient have?

	YES	NO	DOCUMENTATION
Renal Dysfunction	_____	_____	_____
Liver Dysfunction	_____	_____	_____
Active Infection	_____	_____	_____

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OTHER MEDICAL FACTORS (CONT.)

	YES	NO	DOCUMENTATION
Diabetes	_____	_____	_____
Prior History of Malignancy	_____	_____	_____
Active Peptic Ulcer Disease	_____	_____	_____

LAB TESTS

Hepatitis B
- Antigen — Positive: _____ Negative: _____
- Antibody — Positive: _____ Negative: _____

HIV — Positive _____ Negative: _____

Psychosocial background, including history of alcohol or drug abuse:

_____

_____

_____

Other Comments:

_____

_____

_____