

# HEALTH NET TRANSPLANTATION REQUEST- LIVER

11/97

## HEALTH NET TRANSPLANTATION REQUEST Liver

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Member #: \_\_\_\_\_

Transplant Type: \_\_\_\_\_

Etiology of Organ Failure: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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### **ATTENDING PHYSICIAN ATTESTATION**

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

LIVER - CONTINUED  
HEALTH NET TRANSPLANTATION REQUEST

11/97

HEALTH NET  
TRANSPLANTATION REQUEST  
Liver

**PATIENT CLINICAL PROFILE**

CLINICAL HISTORY

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DOCUMENTATION OF END-STAGE LIVER DISEASE

Medications (dose/response) during the past 24 months

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Present medications (dose/response)

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Liver biopsy result \_\_\_\_\_

Liver function tests		<u>Result</u>	<u>Normal Range</u>
	SGOT	_____	_____
	SGPT	_____	_____
	LDH	_____	_____
	Bilirubin	_____	_____
	Alk phos	_____	_____
	Albumin	_____	_____
	PT	_____	_____

Abdominal ultrasound result \_\_\_\_\_

CAT scan result \_\_\_\_\_

Doppler of portal vein result \_\_\_\_\_

# LIVER - CONTINUED HEALTH NET TRANSPLANTATION REQUEST

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**DOCUMENTATION OF END-STAGE LIVER DISEASE (cont.)**

Arteriogram result \_\_\_\_\_

Is portal vein patent?                              Yes \_\_\_\_\_                              No \_\_\_\_\_

Any evidence of extrabiliary disease?      Yes \_\_\_\_\_                              No \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_

**OTHER MEDICAL FACTORS**

Does the patient have?

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

**LAB TESTS**

Hepatitis B

Antigen                              Positive: \_\_\_\_\_                              Negative: \_\_\_\_\_

Antibody                              Positive: \_\_\_\_\_                              Negative: \_\_\_\_\_

Hepatitis C

Positive: \_\_\_\_\_                              Negative: \_\_\_\_\_

Antibody                              Positive: \_\_\_\_\_                              Negative: \_\_\_\_\_

HIV

Positive: \_\_\_\_\_                              Negative: \_\_\_\_\_

# LIVER - CONTINUED

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Psychosocial background, including history of alcohol or drug abuse:

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**For ETOH induced cirrhosis**

• How long has the patient been abstinent? \_\_\_\_\_

• How documented?

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• Has patient been in alcohol rehab? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

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