

**HEALTH NET  
TRANSPLANTATION REQUEST  
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)

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DOCUMENTATION OF PULMONARY DISEASE

Medications (dose/response) during the past 24 months

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Present Medications (dose/response)

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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)	_____	_____

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**PFT RESULTS CONTROL**

FRC (functional residual capacity) \_\_\_\_\_

RV (residual volume) \_\_\_\_\_

ABG (room air) \_\_\_\_\_

Does the patient smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

**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	_____	_____	_____
Liver Dysfunction	_____	_____	_____
Active Infection	_____	_____	_____
Diabetes	_____	_____	_____
Prior History of Malignancy	_____	_____	_____
Active Peptic Ulcer Disease	_____	_____	_____

**LAB TESTS**

Hepatitis B

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

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

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

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Psychosocial background, including history of alcohol or drug abuse:

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Other Comments:

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