**Heart Candidate Summary**

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| Kidney |  | Liver |  | Other: |  |

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| **OSOTC Patient Number:** |  |

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| **PATIENT DEMOGRAPHICS** | | | | |
| **Initials:** | **Birth Date:** | **Height:** | **Weight:** |  |
| **Gender:** M  F | **ABO:** A  B  AB  O | **Race:** | **Transplant#:** |  |

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| **Patient Status** | | | |
| **Medical Diagnosis:** | | | |
| **UNOS Status:** 1  2  3  4  5  6 | | **NYHA Functional Class:** | |
| **Mechanical circulatory support:** Yes  No  Date:       Device:  Complications: | | | |
| **PATIENT CARE LOCATION**:  Outpatient  Inpatient not in ICU or special care unit  Inpatient in ICU or special care unit | | | |
| **MEDICAL HISTORY** (Co-morbidities, AICD, infection, etc.): | **ICD:** | | **CRT:** |
|  | | | |
| **SURGICAL HISTORY** (Previous transplant surgery, CABG, valve repair, stent, etc.): | | | |

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| **Right Heart Catheterization** | | | | | | | | | | |
| **Date** | **HR** | **BP** | **RA** | **RV** | **PA (S/D/M)** | **PCWP** | **TPG** | **PVR** | **CO/CI** | **Drug?** |
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| **Echocardiogram Results** | | | **Date:** | | | **Not Done** |
| **EF** | **EDD** | **MR** | **TR** | **RV** | **Comments** | |
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| **Cardiopulmonary Exercise Test** | | **Date:** | | **Not Done** |
| **Peak VO2:** | **%Predicted for Age:** | **VE/VCO2:** | **RER:** | |

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| **Pulmonary Function Test** | | | | | **Date:** | | | | | **Not Done** | |
| **FVC** | **%FVC** | **FEV1** | **%FEV1** | **%DLCO** | **pH** | **pO2** | **pCO2** | **HCO3** | **FiO2** | | **Sat** |
|  |  |  |  |  |  |  |  |  |  | |  |

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| **Cancer Screening Results** |
| **MALIGNANCY HISTORY:** |

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| **Laboratory Results** | | | | **Date:** | | | **Not Done** |
| **WBC:**  **Hgb:**  **HCT:**  **Plts:**  **PT:**  **INR:** |  | **Sodium:**  **Potassium:**  **BUN:**  **Creatinine:**  **Creat.Clear:**  **Renal Failure:** | Yes  No | **T.Bili:**  **Alk Phos:**  **AST:**  **ALT:**  **T.Protein:**  **Albumin:** |  | **TSH:**  **Cholesterol:**  **Triglycerides:**  **HDL:** |  |

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| **Psychosocial Evaluation/Quality of Life**  (Support system, informed consent, attitude about transplant, aftercare, complications, etc.): |
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| **Ohio Medicaid Insurance**  The Ohio Medicaid Required Information Form should be submitted along with this summary. | | |
| **Select Type:** | Standard Medicaid | Medicaid Managed Care Plan |