south west transplant centre

Apply patient label here

Renal Transplant Waiting List Review

Please return to
Transplant Nurse Team
Department of Renal Medicine
Level 03, Derriford Hospital
Plymouth PL6 8DH

Dear Transplant Team

The above named patient has had their suitability for Renal Transplantation reviewed.
(delete as necessary or √ box accordingly to indicate enclosed documents).

Medical events and new symptoms since last review.	Surgical events since last review
Dialysis status; CRF/HD/CAPD	Dialysis unit; Plymouth/Cornwall/Exeter/Dorset
Annual CXR. Date; (enclose copy of report) ☐	Annual ECG. Date; (enclose copy of report) ☐
Diabetic or Aged > 50 years? Yes/No	IF YES Myocardial perfusion scan within last 2 years. Date; (enclose copy of report) ☐
Ever had abnormal Coronary Angiography? Yes/No	If YES ANNUAL myocardial perfusion scan. Date; (enclose copy of report) ☐
RECENT; WEIGHT……kg HEIGHT;……cm BMI;……	IF BMI > 30 CONSIDER NEED FOR SURGICAL REVIEW.
Signed; Name (print) Date	Any other info