

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2005

Pediatric Heart Transplant Study

FORM 1205: Pre-Transplant Annual Follow-up

(Page 1 of 1)

Complete Form annually (even if Status 7) until patient is transplanted, permanently removed from Transplant Waiting List or dies.

ID# P

P	Institution Code	Sequential Patient Number	Patient Initials
	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Follow-up Date (mon-day-yr):

2a. Height

2b. Weight

in
 cm

lb
 kg

3. Current U.N.O.S. Status: _____ Not Listed

4. Changes of Status since listing or last Form 12 (If status 7, list only those > 4 weeks):

Status _____ to Status _____ Date ____ - ____ - ____ Reason: _____

Status _____ to Status _____ Date ____ - ____ - ____ Reason: _____

Status _____ to Status _____ Date ____ - ____ - ____ Reason: _____

5. Surgery and/or Catheterization Intervention since listing or last Form 12:

A. _____ Date: ____ - ____ - ____

B. _____ Date: ____ - ____ - ____

C. _____ Date: ____ - ____ - ____

D. _____ Date: ____ - ____ - ____

6. Was patient permanently removed from Transplant Waiting List since listed or last Form 12:

Yes No If yes, date removed: ____ - ____ - ____

Reason Removed from List (check one):

- Considered too well
- Alternate surgical treatment
- Financial
- Contraindications _____
- Other: _____
- Parent/Patient reluctance
- Alternate medical treatment
- Psychosocial

7. Followed exclusively elsewhere: Yes No If yes, date of transfer: ____ - ____ - ____

8. Transplanted at your PHTS Center: Yes No If yes, date transplanted: ____ - ____ - ____ (Complete Forms 1T, 2, and 3)

9. Death: Yes No If yes, Date of Death: ____ - ____ - ____ (Complete Form 10)

Person Completing Form: _____ Date Original Form Mailed (do not send copy): _____