



OHSU HEART
TRANSPLANT PROGRAM

Patient Name: _____

Heart Transplant Evaluation Checklist

In order to expedite your heart transplant evaluation, please complete this checklist at your earliest convenience. **These are the most important things you can do to be a proactive member of your own heart transplant evaluation team and are required to successfully complete the evaluation process. Please return this completed document to your assigned nurse coordinator as soon as possible.**

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- Contact your primary care provider to determine if you are current with all your preventative care needs or if examinations or therapies may be due. This may include vaccinations, pap or pelvic examinations, mammograms, colonoscopies, or other tests or therapies which will optimize your health for transplant. **If you do not have a primary care provider, please begin establishing care today.**

Primary Care Provider Name: _____

Date Contacted: _____

Needed Care and Dates of Appointments Made to Complete Care: _____

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- Contact your dentist to determine if there are any current dental needs and have necessary therapies performed as soon as possible. **If you do not have an established dental provider, contact local dentists to establish this care today; this is the most common impeder of efficient evaluation.**

Dentist Name: _____

Date Contacted: _____

Needed Care and Dates of Appointments Made to Complete Care: _____

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- Identify your support team. This will be one or more family members or friends who are able and willing to accompany you to educational sessions and appointments, and **to live with you for a minimum of three months following transplantation.** This is required to complete evaluation, and to ensure a successful recovery!

Support Team Member #1 Name: _____

Phone Number for Support Team Member #1: _____

Support Team Member #2 (Backup) Name: _____

Phone Number for Support Team Member #2 (Backup): _____

Establish a new (temporary) home base. All transplant patients are required to **stay within a 1-hour drive to OHSU Hospital in Portland** for the first three months following transplantation. Many choose to stay with family or friends, or to rent an extended-stay hotel, RV, or vacation house.

Where I will stay for three months following transplantation: _____

Optimize your current health status!

Stop all use of nicotine, tobacco, and/or drugs. Even legalized substances can affect or stall your transplantation evaluation.

Eat a healthy, balanced diet and remain as active as you are able, per the recommendations of your provider. Even sitting exercises or short walks make a big difference!

Keep a log of your blood sugar and blood pressure, and keep values within the goals directed by your provider.

Take all prescribed medications as ordered by your provider.

Follow all continued recommendations as provided by your healthcare team. If recommendations are unclear or incomplete, please ask for clarification!

Communicate openly and often with your transplant evaluation team. **Reliable communication will greatly accelerate your evaluation completion.**

The best way to reach me is by:

Telephone call at _____

Text message at _____

Mail at _____

Mychart message