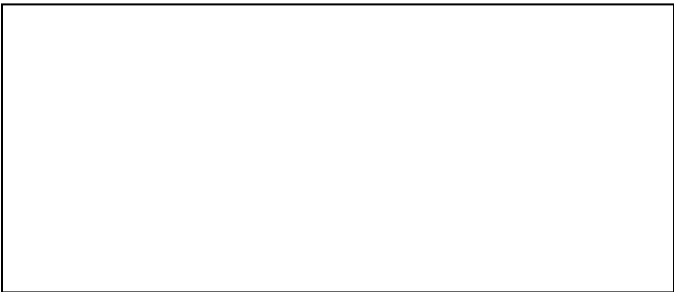




**PSYCHOSOCIAL ASSESSMENT
ORGAN RECIPIENT
(DECEASED KIDNEY DONOR AND
DECEASED KIDNEY/PANCREAS DONOR)**



MOTIVATION FOR TRANSPLANT: Patient – appears to be: High Low Ambivalent Unclear
Family – appears to be: High Low Ambivalent Unclear

EXPECTATION OF TRANSPLANT: Appears to be realistic: Y N Unclear
Has considered possibility of unsuccessful outcome of transplant: Y N Unclear
Appears to understand and accept transplant process: Y N Unclear Not applicable
Appears to understand requirements of programme post transplant: Y N Unclear
Plans to return to work: Y N Unclear

PLAN FOR TRANSPLANT: Discussed plan for treatment with significant family members: Y N Unclear Not applicable
Family members support plan for treatment: Y N Unclear
Work arrangements completed: Y N Unclear Not applicable
Care of the other family members completed: Y N Unclear
Financial arrangements completed: Y N Unclear
Living arrangements completed: Y N Unclear
Travel arrangements completed (post discharge): Y N Unclear
Reviewed possible change to ODSP/Disability Status: Y N Unclear

ISSUES/CONCERNS COMMENTS:

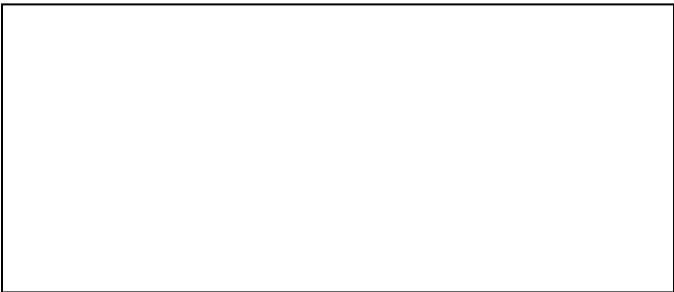
ISSUES/CONCERNS:

Financial: N Y
Funding Sources Discussed: N Y
Family: N Y
Medication Coverage: N Y
Coping with Illness: N Y
Substance Use Past: Tobacco: Alcohol: Recreational Drugs: Ceased:
Substance Use Current: Tobacco: Alcohol: Recreational Drugs:
Psychiatric History: N Y
Relocation/
Accommodation:
Travel to Hospital
Appointment:
Compliance: Appears to be

ISSUES/CONCERNS COMMENTS:



**PSYCHOSOCIAL ASSESSMENT
ORGAN RECIPIENT
(DECEASED KIDNEY DONOR AND
DECEASED KIDNEY/PANCREAS DONOR)**



ASSESSMENT SUMMARY:

SUITABILITY FOR TRANSPLANT: Suitable Suitable with Conditions Needs further evaluation

PLAN:
 1. Refer to Psychiatry/Mental Health Y N Completed
 2. Other

INTERVENTION PROGRESS NOTE:
 Date: _____ Action _____

Renal Social Worker
 Thunder Bay Regional Health Sciences Centre
 980 Oliver Road
 Thunder Bay, Ontario P7B 6V4
 Phone (807) _____ - _____ (Direct) Fax (807) 684-5841

- Guidelines:**
- Form is completed by Renal Social Worker.
 - This form is completed as a required component of the organ recipient transplant work up. Generally, this is completed as an outpatient.
 - Assessment is provided to designated renal transplant coordinator who forwards assessment to the transplant centre. A copy of the form is placed on the patient's renal medical record.

Legend:

EI – Employment Insurance	OW – Ontario Works	ODSP – Ontario Disability Support Program
LTD – Long Term Disability	CPP – Canada Pension Plan	OAS – Old Age Security
Fin Indep – Financially Independent	ODB – Ontario Drug Benefit	