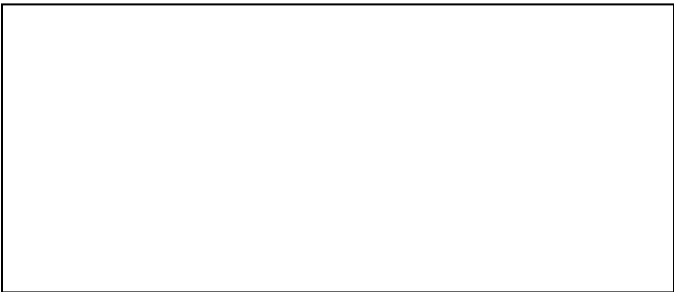




**PSYCHOSOCIAL ASSESSMENT
ORGAN RECIPIENT
(LIVE KIDNEY DONOR)**



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 requirements of programme post transplant: Y N Unclear
 Appears to understand and accept transplant process: Y N Unclear
 Plans to return to work: Y N Unclear

PLAN FOR TRANSPLANT: Discussed plan with proposed donor: Y N Unclear Not applicable
 Expressed gratitude to proposed donor: Y N Unclear Not applicable
 Satisfied with response of proposed donor: Y N Unclear Not applicable
 Care of other family members completed: Y N Unclear Not applicable
 Financial arrangements completed: Y N Unclear Not applicable
 Living arrangements completed: Y N Unclear
 Travel arrangements completed (post discharge): Y N Not applicable
 Family members support plan for treatment: Y N Unclear
 Work arrangements completed: Y N Unclear
 Reviewed possible change to OSDP/Disability: 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
 Psychiatric History: N Y

Relocation/Accommodation:

Travel to Hospital

Appointment:

Compliance: Appears to be

ISSUES/CONCERNS COMMENTS:

Tobacco: Alcohol: Recreational Drugs: Ceased:
 Tobacco: Alcohol: Recreational Drugs:



**PSYCHOSOCIAL ASSESSMENT
ORGAN RECIPIENT
(LIVE KIDNEY 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 () - (Direct) Fax (807) 684-5841

Guidelines:

1. Form is completed by Renal Social Worker.
2. This form is completed as a required component of the live donor recipient transplant work up. Generally, this is completed as an outpatient.
3. 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	