

Readiness Questionnaire for Kidney Transplant Waitlisted Patients

For patients who are currently on the kidney transplant waitlist, reviewing any changes or barriers that the patient is experiencing is essential for continuity of care.

For Dialysis Staff: It is recommended to complete this review monthly with each patient on the transplant waitlist. If there are any YES answers indicated, please provide those updates to the patient's transplant unit.



Patient Name: _____ **Date of review:** _____

Transplant Unit: _____ **Transplant Unit Phone:** _____

YES	NO	Please review each question with the patient and note follow up items.
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient had any recent hospitalizations, emergency room visits, primary care, or medical procedures, such as a blood transfusion?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient started on any anticoagulant medications?
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have any changes to their contact information? Or with their emergency contact's information?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient recently changed dialysis clinics or treatment modality?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient had changes to their medical insurance coverage or benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient successfully following their dialysis treatment prescription?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient had any changes in their current health status that would impact transplant?
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, has the patient lost any recommended weight? Or stopped smoking?

Notes: _____
