



# St. Paul's Hospital

## Heart Transplant Program

### CANDIDATE SELECTION FORM

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

#### Medical/Surgical Contraindications

- NONE
- Neurological
- Cardiovascular
- Respiratory
- GI/Hepatic
- Renal
- Urogenital
- Skin/Eyes
- Musculoskeletal
- Hematologic
- Endocrine
- OTHER

#### Lifestyle Management Contraindications

- NONE
- Smoking
- Substance misuse
- Exercise
- Medications
- Diet
- Weight
- Fluid restriction
- Missed appointments
- OTHER

#### Psychosocial Contraindications

- NONE
- Psychiatric disorder
- Personality disorder
- Cognitive deficits
- Poor coping
- Social support system limitations
- Relocation concerns
- Financial concerns
- OTHER

#### Decision Making Process

THIS DECISION WAS MADE WITH:

- Open and honest discussion amongst the team
- An invitation for dissenting opinions
- Input from all appropriate team members
- A holistic assessment of the patient
- Input from patient re personal preferences
- Respect for patient's dignity and autonomy

COMMENTS:

Transplant Team Decision: Transplant Candidate  YES  NO      V.A.D. Candidate  YES  NO       Deferred

Decision Approved By: Cardiologist: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	Living Will
<input type="checkbox"/>	Power of Attorney
<input type="checkbox"/>	Will