

# Intestinal Transplant Evaluation Appointments



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Please Note: Depending on your individual case, your transplant team will determine which appointments to schedule for your specific transplant evaluation. This just serves as a helpful guide to keep track of your appointments and information received.

Consult/ Appointment	Purpose	Date Scheduled	Date Completed	Additional Notes
<b>Transplant Nurse Coordinator</b>	<ul style="list-style-type: none"> <li>• Provide education regarding the transplant evaluation process and care pre/post-transplant</li> <li>• Allows time to ask any questions you may have and become fully informed</li> </ul>	___/___/___	___/___/___	
<b>Intestinal Transplant Physicians/ Gastroenterologist</b>	<ul style="list-style-type: none"> <li>• Assist in medical evaluation and treatment of underlying intestinal disease</li> <li>• Assess ability to respond to medical and dietary intervention</li> </ul>	___/___/___	___/___/___	
<b>Intestinal Transplant Dieticians</b>	<ul style="list-style-type: none"> <li>• Assess ability to respond to dietary intervention</li> <li>• Manage nutrition pre/post-transplant</li> <li>• Educate on nutrition therapy and transition to a full oral diet</li> </ul>	___/___/___	___/___/___	
<b>Intestinal Transplant Surgeon</b>	<ul style="list-style-type: none"> <li>• Discuss appropriateness of transplant based on evaluation</li> <li>• Educate you about the types of transplant, benefits, risks, and possible complications</li> </ul>	___/___/___	___/___/___	

<b>Anesthesiologist</b>	<ul style="list-style-type: none"> <li>Determine how to provide safe administration of general anesthesia during transplant</li> </ul>	____/____/____	____/____/____	
<b>Social Worker</b>	<ul style="list-style-type: none"> <li>Assesses support system, compliance history, and motivation for intestinal transplant</li> <li>Provide support resources</li> </ul>	____/____/____	____/____/____	
<b>Financial Counselor</b>	<ul style="list-style-type: none"> <li>Discuss transplant coverage, costs associated with transplant, and medication costs</li> </ul>	____/____/____	____/____/____	
<b>Psychiatrist</b>	<ul style="list-style-type: none"> <li>Conduct in-depth psychiatric evaluation and assessment</li> </ul>	____/____/____	____/____/____	
<b>Pharmacist</b>	<ul style="list-style-type: none"> <li>Review medications to determine if there are any contraindications to transplant</li> <li>Address any concerns related to current and potential post-transplant medications</li> </ul>	____/____/____	____/____/____	

<b>Dentist</b>	<ul style="list-style-type: none"> <li>Assess oral health</li> </ul>	___/___/___	___/___/___	
<b>Gynecologist (females)</b>	<ul style="list-style-type: none"> <li>Assess reproductive health</li> </ul>	___/___/___	___/___/___	
<b>Infectious Disease</b>	<ul style="list-style-type: none"> <li>Assess past and current infections</li> <li>Determine need of vaccinations</li> <li>Provide education on preventing infections</li> <li>Provide guidance on travel safety precautions</li> </ul>	___/___/___	___/___/___	

**Additional Appointments My Team Ordered:**

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**Transplant Center's Contact Information:**

**Transplant Nurse Coordinator:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_



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