

TAKE CHARGE

TRANSPLANT

Health Journal

Name

Date

Basic Information

Date of birth	Primary disease	Date of transplant	Total fluid intake	Diet	Pre-transplant			Allergies
					CMV	EBV	BK	

Important Health Contact

Name	Role/Position	Number

Dialysis

Type	Access type	Date started	Date finished

Operations

Date	Type	Surgeon	Comment

Reminders

	Last done	Next due
Blood work Every 1 month		
Clinic visit		
Skin check Every 3 months		
Dentist Every 6 months		
Ophthalmologist Every 1 year		
PAP smear* Every 1 year		

Complications

Rejection episodes			Other complications		
Date	Type	Treatment	Date	Type	Treatment

* if female and sexually active

My Health Status

Date	Weight	Blood pressure	Creatinine	Choose other	Choose other	Choose other

Medications

Name	Dosage	Frequency

Missed Medications

Date	Name	Reason

Appointment Log

Date	Clinic / Person	Reason	What I need to remember

Immunizations

	Date		Date		Date
Diphtheria		Hib		Hepatitis A	
Pertussis		Varicella		Hepatitis B	
Tetanus		Pneumo Conjugate 13		Human Papillomavirus	
Measles		Pneumo Polysaccharide		Influenza	
Mumps		Men C Congugate		Other	
Rubella		Men ACYW Congugate			
Polio IPV					

Thoughts/Feelings/Questions

Date	Description