

TAKE CHARGE

TRANSPLANT

Health Journal

Name

Date

Basic Information

Date of birth	Primary disease	Date of transplant	Pre-transplant		Allergies
			CMV	EBV	

Important Health Contact

Name	Role/Position	Number

Operations

Date	Type	Surgeon	Comment

Reminders

	Last done	Next due
Blood work Every 3 months		
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	ALT	AST	Conjugated bilirubin			

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