CHILDREN'S HOSPITAL BOSTON

DEPARTMENT OF PSYCHIATRY

PRE-TRANSPLANT EVALUATION

Patient Name:
MR#:
DOB:
Gender:

Date(s) of Evaluation:

Transplant Team:
Heart [ ]   Lung [ ]   Kidney [ ]   Liver [ ]   Intestine/Multivisceral [ ]   Multi-organ [ ]

Information Source (Check all that apply):
[ ] Mother   [ ] Father   [ ] Patient   [ ] Medical Record   [ ] Medical Team
[ ] Other, specify:

Psychological Assessment Measures (Check if given):
[ ] Connors   [ ] BASC-2   [ ] CDI   [ ] RCMAS   [ ] BDI-II   [ ] Other:

Medical Diagnosis:*

Reason for Transplant Evaluation:*

***Please refer to medical record for additional information regarding patient's medical history.**

DEVELOPMENTAL HISTORY

Problems with (Check if applies):
[ ] Pregnancy   [ ] Delivery   [ ] Early trauma/birthing insults   [ ] Development   [ ] Other

Services received in past/current:
[ ] Early Intervention   [ ] Physical Therapy   [ ] Occupational Therapy   [ ] Speech/Language   [ ] Other:

Age at which patient began:

Talking:
Walking:
Toilet Trained:
Other (e.g., difficulty eating/sleeping, separating from parent, etc.):

Additional Comments:

SCHOOL & WORK HISTORY

Current Grade Level: **Typical Grades (e.g., A's, B's, etc.):**
School Presently Attending:
History of (Check if applies):

IEP/504 Plan	[ ]	Neuropsych Testing	[ ]	Extended Absences	[ ]
Learning Disability	[ ]	Repeated Grade	[ ]	Truancy	[ ]
Home Schooled/Tutored	[ ]	Failed Classes	[ ]	Peer teasing	[ ]
School Psych Testing	[ ]	Suspensions	[ ]	Past/current employment	[ ]

Additional Comments:

FAMILY & SOCIAL HISTORY

Parent's Marital Status: [ ] Married [ ] Sep/Div [ ] Never Married [ ] Widowed
Patient's Relationship Status: [ ] Single [ ] Dating [ ] Married/Partnered [ ] Other, specify:
Parent's Ethnic Background: [ ] White [ ] Latino [ ] African American/Black [ ] Other, specify:
Patient's Ethnic Background: [ ] White [ ] Latino [ ] African American/Black [ ] Other, specify:
Parent's Primary Language: [ ] English [ ] Spanish [ ] Other, specify:
Patient's Primary Language: [ ] English [ ] Spanish [ ] Other, specify:
DCF Involvement: [ ] Yes [ ] No *If yes:* [ ] Current [ ] Past
Living Arrangement: [ ] Parent/s [ ] Other, specify:
Legal Custody: [ ] Parent/s [ ] DCF [ ] Other, specify:
Siblings: [ ] yes [ ] no *If yes, specify*:
Psychiatric History: [ ] yes [ ] no *If yes, specify:*

Additional Comments:

PSYCHIATRIC HISTORY

[ ] Depression
[ ] Anxiety
[ ] Trauma
[ ] Eating Disorder
[ ] Psych Treatment
[ ] Psych Medications
[ ] Disruptive behaviors
[ ] Psychosis
[ ] Hypomania/Mania
[ ] Substance abuse/dependence
[ ] Suicide attempts/Self-mutilation
[ ] Other:

List names of current treaters/agencies, if known:
Therapist: **Phone:**
Other agency: **Contact:** **Phone:**

Additional Comments:

MEDICAL/TRANSPLANT RELATED KNOWLEDGE

[ ] Developmentally appropriate understanding of medical illness(es)
[ ] Developmentally appropriate understanding of transplant process
[ ] Knows where donor organ(s) will come from
[ ] Able to name organ(s) that may be transplanted
[ ] States he/she would like to have transplant
[ ] Able to name at least one current medication
[ ] Primarily responsible for taking own medications/taking charge of medical care
[ ] Parent primarily responsible for helping patient take medications/engaging in medical care

Additional Comments:

CURRENT EMOTIONAL FUNCTIONING

Problems with (Check if applies):

[ ] Mood
[ ] Anxiety
    [ ] Procedural
    [ ] Needle Phobia
    [ ] Pill Swallowing

[ ] Adherence
    [ ] Medications
    [ ] Dietary/Fluid Restrictions
    [ ] Exercise
    [ ] Medical Appts

[ ] Coping
[ ] Conduct
[ ] Relationships
[ ] Substance Abuse
[ ] Other:

Additional Comments:

MENTAL STATUS EXAMINATION

General appearance wnl	[ ] yes [ ] no	Perceptual disturbance	[ ] yes [ ] no
Speech wnl	[ ] yes [ ] no	Insight poor	[ ] yes [ ] no
Muscle strength/tone or gait wnl	[ ] yes [ ] no	Threat to self/suicidal	[ ] yes [ ] no
Cognitive functioning wnl	[ ] yes [ ] no	Threat to others	[ ] yes [ ] no
Thought processes wnl	[ ] yes [ ] no	Mood disturbance	[ ] yes [ ] no
Thought content wnl	[ ] yes [ ] no	Judgment poor	[ ] yes [ ] no

Additional Comments:

ASSESSMENT

DSM-IV MULTIAXIAL DIAGNOSIS

Axis I:
Axis II:
Axis III:
Axis IV:
[ ] Primary support group problems [ ] School problems [ ] Legal/crime problems
[ ] Social environmental problems [ ] Economic problems [ ] Healthcare access problems
[ ] Educational problems [ ] Housing problems [ ] No current problems
[ ] Other:
Axis V: GAF:
81-90 Absence or minimal symptoms, good functioning
71-80 Transient, no more than slight impair functioning
61-70 Mild difficulties, some meaningful relationships
51-60 Moderate symptoms or functioning
41-50 Serious symptoms includes suicidal ideation
31-40 Major impairment many areas
21-30 Delusions, Hallucinations, Suicidal preoccupation
11-20 Danger self & others, minimal hygiene, incoherent
1-10 Persistent danger to self or others

RECOMMENDATIONS

Medical/Transplant Related:

[ ] Ongoing discussion with the patient, parents, and transplant team regarding the potential risks and benefits of the procedure and description of post-transplant management.

[ ] Developmentally appropriate information regarding the transplant process for patient if he/she is deemed an appropriate transplant candidate.

[ ] Meeting another patient and their parents who have successfully navigated the transplant process

[ ] Team/family meeting

[ ] **Other:**

Psychiatric:

[ ] Outpatient therapy
[ ] In home services/FST
[ ] Higher level of care (Daytx/Inpt)
[ ] Psychopharm eval
[ ] Refer parent for treatment
[ ] Neuropsych testing
[ ] Monitor mental status
[ ] Follow supportively
[ ] Psychoeducation
[ ] Medical play
[ ] Reward/Token economy system
[ ] Structured day/Daily schedule
[ ] Developmentally appropriate choices/help with procedures
[ ] No psychiatric interventions required at the time of this evaluation
[ ] Other:
[ ] **Additional Comments:**

Other:

[ ] SW/Support Family
[ ] Child Life
[ ] Complementary services
[ ] Other:
[ ] Communication Specialist
[ ] Interpreter Services
[ ] Chaplaincy Services
[ ] PACT
[ ] CPT/Legal services
[ ] DCF/51A
[ ] AWAKE
[ ] **Additional Comments:**

Thank you for the consult. Please contact us with any questions or concerns.

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