

TAKE CHARGE

TRANSPLANT

Health Journal

Name

Date

Basic Information

| | | | | | |
|---------------|-----------------|--------------------|----------------|-----|-----------|
| Date of birth | Primary disease | Date of transplant | Pre-transplant | | Allergies |
| | | | CMV | EBV | |
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Important Health Contacts

| Name | Role/Position | Number |
|------|---------------|--------|
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Reminders

| | Frequency | Last done | Next due |
|-----------------|----------------|-----------|----------|
| Blood work | Every 3 months | | |
| Clinic visit | As needed | | |
| Skin check | Every 3 months | | |
| Dentist | Every 6 months | | |
| Ophthalmologist | Every 1 year | | |
| PAP smear* | Every 1 year | | |

* if female and sexually active

Medications

| Name | Dosage | Frequency |
|------|--------|-----------|
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Missed Medications

| Date | Name | Reason |
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My Health Status

| Date | ALT | AST | Conjugated bilirubin | | | |
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Appointment Log

| Date | Clinic / Person | Reason | What I need to remember |
|------|-----------------|--------|-------------------------|
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Thoughts/Feelings/Questions

| Date | Description |
|------|-------------|
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