**Section 2800.APPENDIX D Experimental Organ Transplantation Program**

**PSYCHOSOCIAL ASSESSMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | SOCIAL WORKER: |  |
|  |
| IDENTIFYING DATA: |
|  |
| PATIENT NAME: |  | AGE: |  |
| ADDRESS: |  | SEX: |  |
|  |
| MARITAL STATUS | [ ] | S | [ ] | M | [ ] | W | [ ] | D | [ ] | SEPARATED |
|  |
| PATIENT DIAGNOSIS: |
| CONSULT: |
| RECEIVED FROM: |  | DATE RECEIVED: |  |
|  |
| SOURCES OF INFORMATION: |
| PERSONAL/FAMILY HISTORY: |
| CURRENT SITUATION: |
| ATTITUDE TOWARD ILLNESS AND TRANSPLANT: |
| INTERPERSONAL ASSETS/RESOURCES: |
| IMPRESSION: |
| REFERRALS: |
| NOTE: | Include history of alcohol and substance abuse and prognosis for future abstinence as well as diagnosed mental health disorders and ability to comply with medical regimen.Use additional sheets if necessary. |

(Source: Added at 12 Ill. Reg. 15550, effective September 16, 1988)