**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)