

Appendix 4: Follow –up clinic proforma

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|---|--|--|---------------------|------------|----------------------------|
| LIVER TRANSPLANT CLINIC | | Name: | | | |
| | | Address: | | | |
| | | DOB: | | | |
| | | NHS: | | | |
| Transplant: Date: Centre: Indication: | | Biliary anastomosis: Immunosuppression History: Rejection history: | | | |
| Co-morbidity: Diabetes Mellitus (PTDM) Hypertension Obesity Smoker | | Current Medication: | | | |
| Current complaints: | | Smoker? | | | |
| | | Alcohol? | | | |
| Examination: BP: mmHg Weight: Kg BMI: Urine dip: | | Bil | umol/L | eGR | mls/min/1.73m ² |
| | | ALT | u/L | Urea | mmol/L |
| | | ALP | u/L | Creatinine | umol/L |
| | | Alb | g/L | Na+ | mmol/L |
| | | Glucose | mmol/L | K+ | mmol/L |
| | | Hb | g/L | Urate | umol/L |
| | | WBC | x10 ⁹ /L | Neutrophil | x10 ⁹ /L |
| | | Platelet | x10 ⁹ /L | PT | s |
| | | Tacrolimus | ug/L | Neoral | ug/L |
| Notes: | | | | | |
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