VAD/Transplant Program Agreement

Contract to promote compliance with medical team requirements, appointments, medications, labs and abstinence from alcohol, tobacco & drugs of abuse

We highly value an effective provider-patient relationship. To maintain that and be able to provide quality medical care that addresses your unique needs we need to set expectations for participation in your care. We expect compliance with taking your medications, getting labs drawn, attending appointments at Abbott/MHI and timely communication with the advanced heart failure team. Following the recommendations of the health team is essential.

I ___________________, have been informed that the use of alcohol, tobacco, and recreational drugs (drugs of abuse) are dangerous to my health and have been associated with complications and/or death after ventricular assist device (VAD) implantation.

In the future I understand to become a candidate for heart transplantation consideration, I need to abstain from alcohol, all use of tobacco products, this includes chewing tobacco and nicotine cessation patches/gum and recreational drugs (drugs of abuse) for a minimum of 6 months or possibly longer. If I am accepted as a candidate, I understand that continued abstinence and compliance are essential to remain a candidate. I also understand that abstinence is expected lifelong.

I agree to and will comply with periodic random blood and urine tests for nicotine, or drugs. Failure to complete testing within 2-3 hours of notification will be considered a positive test. Any positive results or non-compliance issues can put future care options in jeopardy, such as LVAD pump exchange. In certain situations, if there are substance abuse issues or mental health concerns I will follow recommendations from the team regarding chemical/mental health follow up.

Signatures:

_________________________________ Candidate                       Date __________

_________________________________ Physician                       Date __________

_________________________________ Social Worker   Date __________

_________________________________ VAD Coordinator       Date __________