



## **Kidney Transplant Program Caregiver/Support Person Agreement**

Transplantation includes many challenges and risks. It is a program requirement that patients must have a capable and committed caregiver/support person available to assist them during both the pre and post-transplant phases. This requirement is to help patients achieve the best possible transplant outcome.

I, \_\_\_\_\_, understand my full assistance, commitment and cooperation to patient, \_\_\_\_\_, are required to achieve the best care.

### **To that extent, I agree to provide the following supportive care after transplantation:**

1. Attend in-patient teaching sessions during the time patient is hospitalized and/or when patient has reached the top of the waiting list, or as requested.
2. Drive the patient to all post-transplant appointments on time.
3. Accompany the patient to all pre and post-transplant clinic appointments as required. I understand this could include other medical appointments, such as blood tests, related to their transplant (details can be found in post-transplant teaching manual).
4. Assist with filling and/or refilling of medications.
5. Assist with medication monitoring.
6. Assist with grocery shopping, meal preparation and other activities with which the patient may require help.
7. Monitor patient's condition after discharge (take temperature, assist with activities of daily living as needed, and consult the physician for any concerns, at any time). Be prepared to call the back- up support person, as designated, to transport/ accompany patient back to the hospital if required.
8. Provide emotional support and companionship pre, intra and post transplant.

I understand the above list is not exclusive and there could be unanticipated additional requirements added in the future which require my assistance.

If, for whatever reason, I am unable to provide the required care I agree to discuss my situation with the patient and the transplant clinical social worker. I will do my best to identify another support person who is able to fulfill these responsibilities. If no other caregiver can be identified prior to transplant, the patient may be placed temporarily "on hold" on the transplant wait list while an appropriate caregiver can be identified.

I have received education and teaching on my caregiver/support person roles and responsibilities and agree to carry out these duties to the best of my abilities.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name (print)

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name (print)

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Name (print)

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Social Worker (print)

\_\_\_\_\_  
Clinical Social Worker

\_\_\_\_\_  
Date