

**THE AW MORROW GASTROENTEROLOGY & LIVER CENTRE
ROYAL PRINCE ALFRED HOSPITAL
HCV PRE TREATMENT ONLY FIBROSCAN REFERRAL FORM
FOR GP OR REMOTE PRESCRIBING**

<p style="text-align: center;">Please fax or deliver completed form to Gastro and Liver Ambulatory Care</p> <p style="text-align: center;">Fax. 9515 8242</p> <p style="text-align: center;">Tel. 9515 0059/57</p>	<p style="text-align: center;">Source of Referral</p> <p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Rooms</p> <p><input type="checkbox"/> Clinic / Outpatients</p> <p><input type="checkbox"/> Ward:</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;">REFERRAL TO (please tick)</p> <p>Fibroscan Only <input type="checkbox"/></p> <p>Results will be faxed back to GP or referrer. Results are not reviewed by a hepatologist. If you would like results reviewed by a hepatologist please refer patient to a hepatologist.</p>		
<p>Date of Procedure: Time:</p>	<p>MRN</p>	<p>Patient Title Miss / Ms / Mrs / Mr / Dr /</p>		
<p>Family Name</p>	<p>Given Name(s)</p>		<p>Date of Birth/...../.....</p>	<p>Sex M / F</p>
<p>Residential Address</p>		<p>Telephone Home: Work: Mobile:</p>		
<p>Medicare Number</p>		<p>Family Number</p>	<p>Expiry Date</p>	
<p>Referring Doctor or Nurse</p> <p>Name:</p> <p>Address:</p> <p>Fax number to receive fibroscan report:..... Phone:.....</p> <p>Referral Date: Provider No.: Signature:</p>				
<p>Clinical History/ HCV Treatment Plan</p>				
<p>Blood result (recent)</p>	<p>Date: ALT Level : Platelet Count</p>			
<p>Previous Liver Biopsy or Fibroscan</p>	<p>Date: Fibrosis Stage/Fibroscan Score.....</p>			
<p>Any other Causes of Liver Disease?</p>	<p><u>Specify:</u></p>	<p><u>Comment:</u></p>		
<p>Preparation</p> <p style="text-align: center;">NIL BY MOUTH 3 HOURS</p>				
<p>If GP is not the referrer should report be faxed to GP</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>If yes, Please provide: GP Name:..... Fax No:.....</p>		

If your patient is found to have a Fibroscan score ≥ 12.5 kPa (indicates cirrhosis) please refer to a specialist (see Liver Condition Assessment HealthPathways)

If you want a Fibroscan for a purpose other than HCV pre treatment assessment please refer for a medical or nurse (if HBV) consultation (see Liver Condition Assessment HealthPathways)