UPMC LIVER CARE

Hepatology Referral

UPMC
LIFE CHANGING MEDICINE

For your convenience, this combined referral form can be used for UPMC Center for Liver Care hepatology referrals or liver transplant evaluation referrals (opposite side). Please complete the patient and referring physician information sections and the relevant referral section.

Please fax this completed referral and clinical records to our UPMC Center for Liver Care Office:

Fax: 412-605-1064
Phone: 412-647-1170

UPMC Presbyterian
UPMC Digestive Health Care
200 Lothrop St.
3rd Floor, Unit 3D80,
Pittsburgh, PA 15213

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Name)

Patient Gender: _____ Social Security #: _____

Home Address: _____

Best Contact Phone Number: _____

REFERRING PHYSICIAN INFORMATION:

Referring Physician Name/Group: _____ Referring Physician Credentials: ☐ MD ☐ PA ☐ NP Other: _____

Office Contact: _____

Referring Physician Address: _____

Phone #: _____ Fax #: _____ Date of Referral: _____

Reason for Referral **(choose all that apply)**:

- ☐ Alcohol-associated liver disease
- ☐ MASLD/MASH (a.k.a. NAFLD/NASH/fatty liver/hepatic steatosis)
- ☐ Hepatitis C
- ☐ Hepatitis B
- ☐ Elevated liver enzymes
- ☐ Autoimmune hepatitis
- ☐ Primary biliary cholangitis (PBC)
- ☐ Primary sclerosing cholangitis (PSC)
- ☐ Liver mass/liver lesion
- ☐ Pregnancy-related liver disorder
- ☐ Complex congenital heart disease (Fontan)

☐ Other reason for referral and/or additional comments:

Does the patient have a diagnosis of primary liver cancer (hepatocellular carcinoma or cholangiocarcinoma)? ☐ yes ☐ no

Does the patient have cirrhosis? ☐ yes ☐ no ☐ unknown

Are the clinical records for this referral available in Epic or Care Everywhere? ☐ yes ☐ no

If not available in Epic or Care Everywhere, please fax the following information to our office:

- **Relevant (within 6 months) clinic notes and/or hospital discharge summaries**
- **Recent (within 6 months) lab data, including liver enzymes and any other liver-related testing**
- **Recent (within 12 months) abdominal imaging reports (CT, MRI, abdominal ultrasounds)**

UPMC LIVER CARE

Liver Transplant Evaluation Referral

UPMC
LIFE CHANGING MEDICINE

Please fax this completed referral and clinical records to the UPMC Liver Transplant Program:

Fax: 412-647-2449
Phone: 412-647-3300

UPMC Montefiore
3459 Fifth Ave., 7 South
Pittsburgh, PA 15213

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Name)

Patient Gender: _____ Social Security #: _____

Home Address: _____

Best Contact Phone Number: _____

REFERRING PHYSICIAN INFORMATION:

Referring Physician Name/Group: _____ Referring Physician Credentials: ☐ MD ☐ PA ☐ NP Other: _____

Office Contact: _____

Referring Physician Address: _____

Phone #: _____ Fax #: _____ Date of Referral: _____

Patients who are actively drinking, or recently stopped drinking (within past 3 months), and/or are over 70 years old should be referred for Hepatology Consult (Front side) rather than Liver Transplant Evaluation.

Medical History/Indications/Complications (past or present): _____

Diagnosis: _____

- ☐ Presence of advanced liver cancer
- ☐ Any evidence of decompensation regardless of MELD score
- ☐ Encephalopathy
- ☐ Ascites
- ☐ Spontaneous bacterial peritonitis (SBP)
- ☐ Varices
- ☐ Splenomegaly
- ☐ Gastrointestinal bleeding (GIB)
- ☐ Thrombocytopenia
- ☐ Portal hypertension
- ☐ Dialysis

Alcohol Use History: _____

Last Drink: _____

Illicit Drug History: _____

MELD Score (if known): _____

Has patient previously had a transplant? ☐ yes ☐ no

Is patient on transplant waitlist at another center? ☐ yes ☐ no

Other reason for referral and/or additional comments:

Please fax the following information to our office:

- **Copy of insurance cards**
- **History and physical**
- **Radiology imaging**
- **Recent labs/liver panel**
- **Radiology testing (MRI, CT, US)**
- **EGD, colonoscopy, PAP, mammogram, PFT, DEXA, Liver BX, PET CT (if available)**
- **Any other pertinent information**

26TRANS842550 SR/TM 03/26