UPMC LIVER CARE **Referral Form**



PATIENT INFORMATION:

Patient Name:					Date of Birth:	
Patient Gender:		-		(First Name)	(Middle Name)	
Home Address: _	Male	Female	Other		-	
Best Contact Pho	ne Numbei	:				
	PHYSICI	AN INFO	RMATION	:		
Referring Physician Name/Group:					Referring Physician Credentials:	MD PA NP Other:
Office Contact:						
Referring Physicia	n Address:					
Phone #:	ne #: Fax #:				Date of Referral:	
Liver/Hepatology Referral Reason for Referral (choose all that apply): Alcohol liver disease Primary biliary					Liver Transplant Evaluation 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 (left column) rather than Liver Transplant Evaluation.	
MASLD/MASH (aka, NAFLD/I fatty liver/hep	NASH/	sis)	cholangitis (PE Primary sclero cholangitis (PS	sing SC)	Medical History/Indications/Cor Diagnosis:	nplications (past or present):
•			_iver mass/live Pregnancy-rela		Presence of advanced liver of	ancer
-	-		disorder			ation regardless of MELD score
Autoimmune ł	-		Complex congenital he		Encephalopathy	Gastrointestinal bleeding (GIB)
disease (Fontan) Other reason for referral and/or additional comments:					Ascites Spontaneous bacterial	Thrombocytopenia Portal hypertension
					peritonitis (SBP) Varices	Dialysis
Does the patient have a diagnosis of primary liver cancer					Splenomegaly	
(hepatocellular carcinoma or cholangiocarcinoma)? yes no					Alcohol Use History:	
Does the patient have cirrhosis? yes no unknown Are the clinical records for this referral					Last Drink:	
available in Epic or Care Everywhere? yes no					Illicit Drug History:	
If not available in Epic or Care Everywhere,					MELD Score (if known):	
please fax the following information to our office:					Has patient previously had a tra	nsplant? yes no
 Relevant (wit 6 months) clin and/or hospit summaries 	nic notes	n ge ir	 Recent (within 12 months) abdominal imaging reports (CT, MR abdominal ultrasounds) 		Is patient on transplant waitlist a Please fax the following informa • Copy of insurance cards	-
 Recent (within 6 months) lab data, including liver enzymes and any other liver-related testing 					 History and physical Radiology imaging Recent labs/liver panel Radiology testing (MRI, CT, US) 	 PAP, mammogram, PFT, DEXA, Liver BX, PET CT (if available) Any other pertinent information
Please fax this completed referral and clinical records to our UPMC Center for Liver Care Office: Fax: 412-605-1064 Phone: 412-647-1170					Please fax this completed referral and clinical records to UPMC Transplant Services: Fax: 412-647-2449 Phone: 412-647-3300	