



SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	

Facility:

**LIVER CLINIC & LIVER OUTREACH
LIVER FIBROSCAN® ONLY REFERRAL
FOR GP'S OR SLHD CLINICIANS**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Referral Site: RPAH Liver Clinic Health One Green Square, Zetland Marrickville Health Centre ^(HBV Only)

REFERRING PRACTITIONER DETAILS

Referring Practitioner: SLHD Clinician—Speciality: _____ GP
 Other—Speciality: _____

Practitioner Details:

Practitioner Name: _____ Provider Number: _____

Practitioner Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel Number: _____ Fax Number: _____ Email: _____

PATIENT INFORMATION

Family Name: _____ Given Names: (in full) _____

Sex: Male Female Indeterminate Date of Birth: ____/____/____

Home Phone: _____ Mobile: _____ Other Contact Number: _____

Email Address: (if applicable) _____

Is an interpreter required? No Yes if yes→ Language spoken at home: _____

Country of Birth: _____ Other Support: _____

Is the patient Aboriginal and/or Torres Strait Islander origin? No Yes if yes→ Aboriginal origin
 Torres Strait Islander origin Both Unknown Declined to respond

Is an Aboriginal liaison officer required: No Yes

Patient's Medicare No: _____ - _____ Expiry date : _____

Health Fund Name: (if applicable) _____ Fund Number: _____

PATIENT RESULTS

Patients Liver Disease:

Hepatitis B Hepatitis C Cirrhosis Other Liver Disease MAFLD if FIB 4 >1.3

Blood Results: Date of test: _____ ALT: _____ AST: _____ GGT: _____ ALP: _____

Platelets: _____

Previous FibroScan® Or Biopsy Results:

Previous FibroScan®: No Yes if yes→ Date: _____ Result: _____

Liver Biopsy: No Yes if yes→ Date: _____ Stage: _____

Other Relevant Medical Details: _____

REFERRAL INFORMATION

Please fax or email completed form to **RPAH Gastro and Liver Ambulatory Care**

Fax: (02) 9515 5182 Email: slhd-rpagastroliver@health.nsw.gov.au

Results from this FibroScan® request 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 for consultation. The hepatology nursing team can provide general assistance with interpreting results. See Liver HealthPathways to determine if the patient should be referred for a specialist review & for contact details.

Office Use Only: Appointment → Date: _____ Time: _____ Location: _____

Date Booked: _____ Date Patient notified: _____

Patient Confirmed attendance: Yes No Fasting Advised? Yes No

Staff Name & Designation: _____ Signature: _____

BINDING MARGIN - NO WRITING

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