



**ST VINCENT'S
HOSPITAL**
SYDNEY

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Advanced Liver Disease Clinic Referral

Complete Referring Doctor Details or Overlay with Stamp / Sticker

Referring Doctor: _____ Date of Referral: _____
 Provider No.: _____
 Practice Name: _____
 Street: _____ Suburb: _____ Postcode: _____
 Phone: _____ Fax: _____ Email: _____

Please Tick Box

Clinic Doctors: A/Prof Mark Danta Dr Robert Feller
 Patients referred to this service may be seen by an alternative (locum) physician

Patient Details

Surname	Given Name	
Date of Birth	Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Street	Weight (kg)	
Suburb	Email	
Postcode	Mobile / Phone	
Medicare No.	SVH MRN (if known)	

Referral

Reason for Referral	<input type="checkbox"/> Abnormal LFTs <input type="checkbox"/> Cirrhosis or complication of liver disease <input type="checkbox"/> Liver lesion/tumour or elevated AFP <input type="checkbox"/> Fatty liver disease <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Fibroscan study <input type="checkbox"/> Other liver disease:
Relevant Test Results (attach if possible)	
Medical History	<input type="checkbox"/> Heart disease <input type="checkbox"/> Lung disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> HIV <input type="checkbox"/> Coronary artery stents <input type="checkbox"/> Pacemaker/defibrillator <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other:
Medications	<input type="checkbox"/> Steroids <input type="checkbox"/> Azathioprine <input type="checkbox"/> Methotrexate <input type="checkbox"/> Diuretics <input type="checkbox"/> B-blockers <input type="checkbox"/> Antiretroviral therapy <input type="checkbox"/> Insulin <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Other
Comments	
Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, preferred language: _____

HOSPITAL USE ONLY

Priority:	<input type="checkbox"/> Urgent (30 days) <input type="checkbox"/> Semi-urgent (90 days) <input type="checkbox"/> Routine (365 days)	Clinic	Advanced Liver Disease
Appointment Date:		Appointment Time:	
Interpreter Booked:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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 St Vincent's Hospital Sydney Limited
 ABN 77 054 038 872

ADVANCED LIVER DISEASE CLINICAL REFERRAL

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