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URGENT REFERRAL*

ROUTINE REFERRAL

*Provide referring MD's best contact # below so Liver Center MD can discuss need for urgent referral.

PH: _____ (ex: cell, office, physician's exchange)

REASON FOR REFERRAL:

- Hepatitis B Virus (HBV) Hepatitis C Virus (HCV) Cirrhosis
- Abnormal/Elevated LFT Fatty Liver NASH
- PBC Liver Mass AIH
- Alcohol Related Liver Disease > Last Date ETOH: _____
- Other: _____

→ Send corresponding documentation to support your reason for referral **(SEE PAGE 2)**.

→ INCOMPLETE referrals will be returned to referring physician office.

Patient: _____ DOB: _____ Male Female
(Last Name, First Name, MI)

Address: _____
(Street address, apt #, City, Zip code)

Home Phone: _____ Mobile Phone: _____

Primary Insurance: _____ Subscriber Member ID: _____

Secondary Insurance: _____ Subscriber Member ID: _____

*Interpreter Required for this Patient: No Yes Language: _____

Referring Provider Name _____ Office Phone: _____

Address: _____ Fax: _____

Provider Signature: _____ Date: _____

Mahalo for referring your patient to the Queen's Liver Center

The following tests (which correspond to referring dx) **MUST** accompany your referral. However, if there are other tests to support your referral, please remember to include as ordering additional tests unnecessarily increase costs to patient/insurance.

<p>HBV:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> HBV Comprehensive Panel (HB surface AG/AB, HB core AB) <input type="checkbox"/> HBV DNA PCR quantitative <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> Abdominal Imaging (If Available) 	<p>HCV:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> HCV RNA PCR quantitative <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> Abdominal Imaging (If Available)
<p>CIRRHOSIS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> HB surface antigen <input type="checkbox"/> HCV antibody. <input type="checkbox"/> Relevant Imaging Ex: Abdomen Ultrasound, MRI, Fibroscan, Fibrosure <input type="checkbox"/> Endoscopy Reports (If Available) 	<p>ABNORMAL / ELEVATED LFT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> HB surface antigen <input type="checkbox"/> HCV antibody
<p>FATTY LIVER / NASH:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> HB surface antigen <input type="checkbox"/> HCV antibody <input type="checkbox"/> Abdominal Imaging 	<p>LIVER MASS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> HB surface antigen, HCV antibody. <input type="checkbox"/> Abdominal Imaging <input type="checkbox"/> AFP (If Available)
<p>PBC:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> AMA (mitochondrial antibody) <input type="checkbox"/> ANA <input type="checkbox"/> F-actin (smooth muscle antibody) <input type="checkbox"/> HB surface antigen, HCV antibody. <input type="checkbox"/> Abdominal Imaging 	<p>AIH:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> ANA <input type="checkbox"/> F-actin (smooth muscle ab) <input type="checkbox"/> HB surface antigen <input type="checkbox"/> HCV antibody. <input type="checkbox"/> Abdominal Imaging
<p>Alcohol Related Liver Disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of last ETOH: _____ <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> AST, ALT, albumin, bilirubin (CMP) <input type="checkbox"/> CBC with platelets <input type="checkbox"/> HB surface antigen, HCV antibody. <input type="checkbox"/> Abdominal Imaging <input type="checkbox"/> AFP (If Available) 	<p>OTHER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most Recent Progress Notes <input type="checkbox"/> Most Recent Labs <input type="checkbox"/> Most Abdominal Imaging <input type="checkbox"/> Any other documents support Diagnosis