London Health Sciences Centre
Multi-Organ Transplant Program

Liver Transplant Program-Hepatology
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Liver Transplant Assessment Referral Form

Urgent referrals should be called directly to the Liver Transplant Hepatologist on call at University Hospital (519-685-8500).

Patient Name: _____ (Last) _____ (First) _____ (Middle) **Health Card #:** _____ (Number) (VC)

Date of Birth: _____ (YYYY / MMM / DD) **Home Address:** _____ (Number/Street) (City) (PC)

Patient Phone Number: _____ Height: _____ cm Weight: _____ kg

Interpreter Required? ☐Yes / ☐No Language: _____

Family Doctor: _____ **Family MD Phone**: _____

Diagnosis:
☐HCV ☐HBV
☐ NASH ☐ Alcohol: ALD ☐ Date of Last Drink: _____
☐PSC ☐PBC ☐Autoimmune Hepatitis
☐Hepatocellular Carcinoma &/or Cholangiocarcinoma
Other: _____

Decompensating Features:
☐Ascites: ☐controlled with diuretics ☐requires regular paracentesis
☐ SBP: last episode _____ (YYYY MMM)
☐ Variceal Bleed: last episode _____ (YYYY MMM)
☐ Encephalopathy: last episode _____ (YYYY MMM)

Lab Results: Date: _____
(all labs must be drawn on the same day)
Bilirubin $_{total}$: _____ umol/l
Creatinine: _____ umol/l
Serum Na: _____ umol/l
INR: _____ NaMELD: _____

Reports & Notes
Please attach a copy of the following (if done):
☐US Abdomen/Pelvis ☐Colonoscopy/ EGD ☐ Relevant Specialist Notes:
☐Triphasic CT Abdomen/Pelvis ☐PFTs

To be completed by Transplant Program:
Hepatology Clinic: Priority: □<2 weeks □2-4 weeks □1-3 months Date:

☐US Abdo Pelvis w Doppler/ CXR	☐PSA (♂)	Consults:
☐CT Abdo Pelvis Contrast	☐PAP (♀)	☐ Social Work ☐ Social Work (ALD)
☐Colonoscopy/ EGD	☐Mammogram (♀)	☑ Transplant Coordinator
☐ECG		☑ Physio ☑ Dietician
☐Echo	Liver Cancer:	☑ Surgery
☐MIBI	☐CT Chest	☐ Psychiatry (ALD)
☐PFTs (with ABGs)	☐NM Bone Scan	☐ Addictions Councilor (ALD)

Additional Tests:

Hepatologist:

LHSC MRN: **TGLN**:

Referring Physician: Name: _____ Billing Code: _____

Address: _____ (Number/Street) _____ (City) _____ (Postal Code)

Phone: _____ Fax: _____ Date Submitted: _____ (YYYY / MMM / DD)

For further information about the LHSC Liver Transplant Program and listing criteria, please refer to our website:
www.lhsc.on.ca/multi-organ-transplant-program/liver-transplant