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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advanced Chronic Liver Disease MDM Referral form**  **Please note all fields are MANDATORY**  **Incomplete referrals will be returned**  **Email completed forms to** [kch-tr.acldreferrals@nhs.net](mailto:kch-tr.acldreferrals@nhs.net) | | | | | | | | | |
| **Referrer Details** | | | | | | | | | |
| **Referrer**\* | | | **Click here to enter text.** | | **Date**\* | | | **Click here to enter text.** | |
| **Referrer Contact Tel and Extension**\* | | | **Click here to enter text.** | | **Consultant Name**\* | | | **Click here to enter text.** | |
| **Referrer Email**\* | | | **Click here to enter text.** | | **Consultant Email\*** | | | **Click here to enter text.** | |
| **Speciality**\* | | | **Click here to enter text.** | | **Hospital/Site** \* | | | **Click here to enter text.** | |
| **Patient Details** | | | | | | | | | |
| **Patient Name**\* | | | **Click here to enter text.** | | **Currently**\* | | | **Inpatient**  **Outpatient** | |
| **Date of Birth\*** | | | **Click here to enter text.** | | | | | | |
| **NHS Number**\* | | | **Click here to enter text.** | | **Patient Mobile Tel**\* | | | **Click here to enter text.** | |
| **Patient gender**\* | | | **M  F  Other** | | **Patient home Tel**\* | | | **Click here to enter text.** | |
| **Patient Address and**  **Postcode**\* | | | **Click here to enter text.** | | **NOK Name/Tel.**\* | | | **Click here to enter text.** | |
| **Interpreter Required?**\*  *If* ***yes****, language spoken:* | | | **Y**  **N** | |
| **GP Address and postcode\*** | | |  | |  | | |  | |
| **Is patient aware of referral to King’s?**\* | | | **Y**  **N** | | **(We would strongly recommend ensuring the patient is made aware of this referral)** | | | | |
| **Indication for Referral** | | | | | | | | | |
| **What is the question for the ACLD MDM?**\*  **Click here to enter text.** | | | | | | | | | |
| Choose an item.  **Click here to enter text.** | | | | | | | | | |
| **Clinical history**\* | | | | | | | | | |
| **Click here to enter text.** | | | | | | | | | |
| **Aetiology of Liver disease**\* | | | | | | | | | |
| Alcohol  MASLD/NAFLD  Viral Hepatitis | PBC or PSC or Autoimmune hepatitis  A1AT  Haemachromatosis  Wilsons Disease | | | | | Unknown  Secondary biliary cirrhosis  Vascular Liver Disease  Non-cirrhotic portal hypertension | | |
| **Current issues**\* | | | | | | | | | |
| **If refractory ascites**   * Is patient diuretic-intolerant (hypoNa /renal dysfunction): **Choose an item.** * Is patient diuretic-refractory (on maximal doses): **Choose an item.** * Frequency of drains and over what time period:   **Click here to enter text.**   * Average volume drained at LVP   **Click here to enter text.**   * Previous SBP? * Ascitic fluid results: Yes  No   **Click here to enter text.**  **If refractory hepatic encephalopathy**   * Has the patient had HE previously? Yes  No * If yes, please provide details   **Click here to enter text.**  **If refractory/recurrent portal HTN-related bleeding** – please provide details:  **Click here to enter text.** | | | | | | | | | |
| **Alcohol and drug use**\* | | | | | | | | | |
| **Is the patient currently consuming alcohol?** Yes  No  **Click here to enter text.**  If so, please attempt to quantify:  **Click or tap here to enter text.**  **If abstinent, since what date *(not duration)*?**  **Click here to enter text.**  Are they engaged with community alcohol services? Yes  No  **Click here to enter text.**  Do they use/have a history of recreational drug use? Yes  No  **Click here to enter text.** | | | | | | | | | |
| **Past medical history**\* | | | | | | | | | |
| None  Ischaemic heart disease  Previous CABG/Cardiac Stent  AF  Heart Failure  HTN | | | | Diabetes Hyperlipidaemia  Obesity  Asthma  COPD  TIA/CVA  CKD | | | Osteoporosis  Active cancer (please state management plan and Oncological prognosis  **Click or tap here to enter text.**  Previous cancer (dates included)  **Click or tap here to enter text.** | | |
| Other past medical history  **Click or tap here to enter text.** | | | | | | | | | |
| Is the patient being worked up for any other procedures currently? Choose an item.  If so please specify.  **Click or tap here to enter text.** | | | | | | | | | |
| **Past surgical history**\* | | | | | | | | | |
| **Click or tap here to enter text.** | | | | | | | | | |
| **Current medications:**\* | | | | | | | | | |
| **\*Please ensure you include the name of medication, dosage and frequency.** | | | | | | | | | | |
| **Allergies:** Yes  No  **If yes please specify: Click or tap here to enter text.** | | | | | | | | | |
| Performance Status (0-4)\*: **Click Here** | | | | | | | | | |
| **Nutrition:**  **(weight, height, BMI etc.)** | | **Nutritional status:**  Click here to enter text.  **Weight:** Click here to enter text.  **Height:** Click here to enter text.  **BMI:**  Click here to enter text. | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **INVESTIGATIONS** | | | | | | | |
| Bloods\* | Date: |  | |  |  |  |  |
| Bilirubin |  | |  |  |  |  |
| ALT |  | |  |  |  |  |
| AST |  | |  |  |  |  |
| ALP |  | |  |  |  |  |
| GGT |  | |  |  |  |  |
| Albumin |  | |  |  |  |  |
| AFP |  | |  |  |  |  |
| Sodium |  | |  |  |  |  |
| Creatinine |  | |  |  |  |  |
| eGFR |  | |  |  |  |  |
| Hb |  | |  |  |  |  |
| Platelets |  | |  |  |  |  |
| INR |  | |  |  |  |  |
| HbA1c |  | |  |  |  |  |
| **CIRRHOSIS SEVERITY AND PROGNOSTIC SCORES**\* | **MELD Score:** Click here to enter text.  **UKELD Score:** Click here to enter text.  **Child-Pugh Score:** Click Here | | | | | | |
| **IMAGING** | **Date of Scan(s)** | | **Report** | | | | |
| **Liver ultrasound** | Click here to enter text. | | Click here to enter text. | | | | |
| **CT CAP**  **(with liver vascular imaging biphasic/triphasic)** | Click here to enter text. | | Click here to enter text. | | | | |
| **MRI Gad or Primovist** | Click here to enter text. | | Click here to enter text. | | | | |
| **Other relevant imaging** | Click here to enter text. | | Click here to enter text. | | | | |
| **PATHOLOGY & OTHER INVESTIGATIONS** | | | | | | | |
| **Histology:** | Click here to enter text. | | Click here to enter text. | | | | |
| **Endoscopy:** | Click here to enter text. | | Click here to enter text. | | | | |
| **FibroScan:** | Click here to enter text. | | Click here to enter text. | | | | |
| **EEG:** | Click here to enter text. | | Click here to enter text. | | | | |
| **Echocardiogram** | Click here to enter text. | | Click here to enter text. | | | | |