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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 |
| **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** [ ]  |
| **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** |
| **Question for ACLD MDM**\* | **What is the question for the ACLD MDM?**\***Click here to enter text.** |
| [ ] Refractory hepatic encephalopathy[ ]  Refractory ascites[ ]  Refractory/recurrent portal HTN-related bleeding[ ]  Hepatic hydrothorax[ ]  Non-tumoural portal vein thrombosis[ ]  Portal hypertension (new diagnosis or existing) for surgery [ ]  Consideration for clinical trials[ ]  Other appropriate clinical concern:**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 [ ] Haemochromatosis | [ ] Wilson’s disease[ ] Secondary biliary cirrhosis[ ] Vascular liver disease[ ] Non-cirrhotic portal hypertension[ ] Unknown |
| **Current issues**\* | **If refractory ascites*** Is patient diuretic-intolerant (hypoNa /renal dysfunction): **Yes** [ ]  **No** [ ]
* Is patient diuretic-refractory (on maximal doses): **Yes** [ ]  **No** [ ]
* 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? **Yes** [ ]  **No** [ ]
* Ascitic fluid results:

**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?****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?**Click here to enter text.**Do they use/have a history of recreational drug use?**Click here to enter text.** |
| **Past medical history**\* | [ ]  *None*[ ]  Ischemic heart disease[ ] Previous CABG/cardiac stent[ ] AF[ ] Heart failure[ ] HTN[ ] Diabetes [ ] Hyperlipidaemia[ ] Obesity – please state BMI**Click here to enter text.** | [ ] Asthma [ ] COPD[ ] TIA / CVA[ ] CKD[ ] Osteoporosis[ ] Active cancer – if so please provide staging, management plan, and oncological prognosis[ ] Previous cancer (and dates)**Click here to enter text.** |
|  | Is the patient being worked up for any other procedures currently?If so please specify.**Click or tap here to enter text.** |
| **Past surgical history**\* | **Click or tap here to enter text.** |
| **Current medications:**\* | **Name** | **Dose** | **Frequency** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Allergies: Yes** [ ]  **No** [ ] **If yes please specify: Click or tap here to enter text.** |
| Performance Status (0-4)\*: | **Click Here** |

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| **INVESTIGATIONS** |
| **BLOODS**\* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |
| Bilirubin |  |  |  |  |  |
| ALT |  |  |  |  |  |
| AST |  |  |  |  |  |
| ALP |  |  |  |  |  |
| GGT |  |  |  |  |  |
| Albumin |  |  |  |  |  |
| AFP |  |  |  |  |  |
|  |  |  |  |  |  |
| Sodium |  |  |  |  |  |
| Creatinine |  |  |  |  |  |
| eGFR |  |  |  |  |  |
|  |  |  |  |  |  |
| Hb |  |  |  |  |  |
| Platelets |  |  |  |  |  |
| INR |  |  |  |  |  |

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| **CIRRHOSIS SEVERITY AND PROGNOSTIC SCORES**\* | **MELD Score:**  Click here to enter text.**UKELD Score:** Click here to enter text.**Child-Pugh Score:** Click Here |  |
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| **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. |

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