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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** | | |
| **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 |  |  |  |  |  | | |
| **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. | | | |