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| **Advanced Chronic Liver Disease MDM Referral form**  **Please note all fields are MANDATORY and incomplete referrals will be returned.**  **Email completed forms to** [kch-tr.acldreferrals@nhs.net](mailto:kch-tr.acldreferrals@nhs.net) | | | | |
| **REFERRING ORGANISATION DETAILS** | | | | |
| **Author of referral** | Click here to enter text. | **Date** | Click here to enter text. | |
| **Referrer/CNS Contact Tel/bleep** | Click here to enter text. | **Treating/Referring Consultant** | Click here to enter text. | |
| **Email** | Click here to enter text. | **Hospital/Site** | Click here to enter text. | |
| **Gastro SpR Email/bleep** | Click here to enter text. | **Speciality** | 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. | **Patient gender** | **M  F** | |
| **NHS Number** | Click here to enter text. | **Patient Mobile/Tel.** | Click here to enter text. | |
| **KCH number (if known)** | Click here to enter text. | **NOK Name/Tel.** | Click here to enter text. | |
| **Patient Address**  **Postcode** | Click here to enter text. | **GP Name/Tel.** | Click here to enter text. | |
| **Is patient aware of referral to King’s?** | **Y**  **N** | **GP Address**  **Postcode** | Click here to enter text. | |
| **Interpreter Required?**  *If* ***yes****, language spoken:* | **Y**  **N** | **Transport Required?** | **Y**  **N** | |
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| **INDICATION FOR ACLD MDM REFERRAL** | | | | |
| **Will you be presenting your patient via Teams? Y**  **N**  Clinicians are encouraged to present their patients to the ACLD MDM on **Thursdays at 12pm**: Video Conference ID: 124 266 829 9 [Join conversation (microsoft.com)](https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2Fl%2Fmeetup-join%2F19%3Ameeting_YjQ1ODI3YjItOGI2NC00ODEyLWE1ZDktMmVjOWY0OThkYmI5%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%252237c354b2-85b0-47f5-b222-07b48d774ee3%2522%252c%2522Oid%2522%253a%25220003c2f7-8ac0-436f-863f-883a121c2938%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=acc6a9c2-60eb-4c20-b450-bffa6c0316d1&directDl=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true) | | | | | |
| **Which complications of Advanced Chronic Liver Disease does your patient have?** | | | | | |
| Refractory encephalopathy  Refractory ascites  Refractory/recurrent portal HTN-related bleeding  Hepatic hydrothorax  Non-tumoural portal vein thrombosis | Other appropriate clinical concern: Click here to enter text.  TIPSS-related issue (already in situ)  Date inserted: Click here to enter text. | | | | |
| **Clinical history\*** | **Please provide as much detail as possible and attach relevant documents.** | | | | |
| **Aetiology of Liver disease**  *If unknown, include relevant cofactors (e.g. obesity, T2DM, ETOH use, hepatotoxic medication use)* | Click here to enter text.  How much alcohol does/did the patient drink?  Click here to enter text.  If abstinent, how long for? Are they engaged with alcohol services?  Click here to enter text.  Do they use/have a history of recreational drug use?  Click here to enter text. | | | **Current medications:**  Click here to enter text.  **Allergies:**  Click here to enter text. | |
| **Other past/relevant history** | Click here to enter text.  Performance Status (0-4): Click Here | | |
| **Current issues** Please include   * *Date of onset/sequence of decompensatory events* * *Relevant investigations* * *Treatments and outcomes to date* | Click here to enter text. | | | | |
| **Question for ACLD MDM discussion**  *e.g. “2nd opinion on diagnostic dilemma”, “?eligible for clinical trials”, “Diuretic-intolerant/refractory ascites, ?TIPSS/transplant assessment ?PleurX” “planned surgery, ?pre-operative TIPSS”* | Click here to enter text.   * What you have discussed with the patient regarding the question to King’s? * Click here to enter text. | | | | |

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| **INVESTIGATIONS** | | | |
| **BLOODS**  **Date**: Click here to enter text. | Bilirubin:  ALT:  AST:  ALP:  GGT:  Albumin: | Creatinine:  eGFR:  Sodium:  Platelets:  Hb:  INR: | Tumour Markers (where relevant)  AFP:  Ca 19-9:  **MELD Score:**  Click here to enter text.  **UKELD Score:** Click here to enter text.  **Child-Pugh Score:** Click Here |
| |  |  |  |  | | --- | --- | --- | --- | | **IMAGING**  **(will need to be IEP’d across)** | | **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. | | | | |
| **Explanatory Notes**  \*Advanced Chronic Liver Disease encompasses all patients with advanced fibrosis diagnosed histologically or non-invasively (e.g. radiologically or by elastography). cACLD = compensated ACLD, dACLD = decompensated ACLD. | | | |