



The UNIVERSITY of OKLAHOMA

920 N.E. 13<sup>th</sup> Street | Ste. 2000 | Oklahoma City, OK 73104

Main Clinic: (572) 244-0060 | Fax: (572) 244-9835 | Transplant.Schedulers@OUHealth.com

## Liver Transplant / Hepatology Referral

Are you referring this patient for a Liver Transplant Evaluation?  or Hepatology?

Date: \_\_\_\_\_

This is a non-English speaking patient:  Yes  No

Patient's Name: \_\_\_\_\_

Male / Female

SSN: \_\_\_\_\_

Age / DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Previous Transplant:  Yes  No

Date: \_\_\_\_\_

Referring Diagnosis: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Insurance:

Medicare

Medicaid

No Insurance / Private Party

Commercial Insurance: \_\_\_\_\_

(i.e. BC/BS, CIGNA, Aetna)

### Please send the following information with the referral form (if available):

Demographics

Psychosocial History

Insurance Info (card front/back)

Hep B Immunization Doc

H&P

Labs (most recent)

Medication List

Office/Clinic/Progress Notes

Radiology & Other Diagnostic Imaging **CD/DISKS**

### REFERRING PHYSICIAN:

Printed Name

NPI #

Email

Mailing Address

City

State

Zip

Office Phone

Office Fax