



920 NE 13th Street | Oklahoma City, OK 73104  
Phone (405) 271-7498 | Toll Free (877) 817-6911 | Fax (405) 271-4329

## Hepatitis C Referral

Are you referring this patient for a Liver Transplant Evaluation? ☐ YES ☐ NO

DATE:

This is a Non-English speaking patient: ☐ YES ☐ NO

Patient Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

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

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

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

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

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

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Previous Transplant: ☐ YES ☐ NO Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Interval History:

Comments:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Demographics                       | <input type="checkbox"/> Labs (most recent) <b>(Including PCR and Genotype)</b>      |
| <input type="checkbox"/> Insurance info (card front & back) | <input type="checkbox"/> Liver biopsies  |
| <input type="checkbox"/> H & P                              | <input type="checkbox"/> Pathology reports   |
| <input type="checkbox"/> Office/clinic/progress notes       | <input type="checkbox"/> HCV antibody  |
| <input type="checkbox"/> Operative reports                  | <input type="checkbox"/> Radiology & other diagnostic imaging <b><u>CD/DISKS</u></b> |
| <input type="checkbox"/> Discharge Summaries                | <input type="checkbox"/> Ultrasounds   |
| <input type="checkbox"/> Medication list                    | <input type="checkbox"/> EGD/Colonoscopy   |
| <input type="checkbox"/> Hep B Immunization documentation   | Other: _____   |
| <input type="checkbox"/> Last Flu shot                      | Other: _____   |
| <input type="checkbox"/> Last Pneumo Vax shot               | Other: _____   |

REFERRING PHYSICIAN:

NPI:

Printed Name

Mailing address

City

State

Zip

Phone:

Fax: