MonashHealth

☐ Dandenong Hospital ☐ MMC – Clayton
☐ Kingston Centre ☐ MMC– Moorabbin
☐ Jessie McPherson ☐ Community Health Services
☐ Casey Hospital ☐ Cranbourne Integrated Care Centre

Unit Record Number: .....
Surname: .....
Given Name: .....
Address:..... ....
D.O.B:. ..... Age: ..... Sex: .....

SHF046816

Fibroscan Consultation & Referral

To: A/Prof Sally Bell
Dr Alex Hodge, Dr Marcus Robertson
Dr Gauri Mishra, Dr Debbie Nathan
Department of Gastroenterology
Monash Medical Centre, 246 Clayton Road, Clayton
VIC 3168
Phone:(03)9594 3546 Email: fibroscan@monashhealth.org
External referrals (GP, external specialists) Fax: 9594 2273
Internal referrals (Monash Health specialists) Fax: 9554 9200

Interpreter Required (circle): Yes No

Language:_____

Date: / / *Referring Doctor:*_____ *Provider No:*_____

Reason for Referral: (please circle)

Hepatitis C	Type 2 Diabetes	Autoimmune Hepatitis	Psoriasis	Haemophilia
Hepatitis B	Alcohol	Iron Overload	Thalassaemia	Cystic Fibrosis
NAFLD	Haemochromatosis	HIV	Cirrhosis on imaging	

Other:_____

Previous Fibroscan (circle): Yes No **Date of scan:** / / **Result:**_____

EXTERNAL REFERRAL ONLY	INTERNAL REFERRAL ONLY	
Referring GP Details:	*Liver Biopsy (circle)*	Yes No
Address:_____	*Date:*	/ /
Suburb:_____	*Fibrosis Stage (circle)*	0 1 2 3 4
Post Code:_____	***Liver Function***	
Phone:_____	Date	/ /
	ALT	
Clinical Notes:	Bilirubin	
	Albumin	
	Haematology	
	Haemoglobin	
	Platelets	
	INR	
	Clinical Assessment of Liver Scarring	
	☐ *No / Minimal (F0 – F1)*	
	☐ *Moderate (F2 – F3)*	
	☐ *Severe / Cirrhosis (F4)*	
Please attach copy of liver function tests, INR and FBC	***Weight (kg)***	
	Waist Circumference	

FIBROSCAN CONSULTATION AND REFERRAL MRI176

Outpatient Divider