UNC HOSPITALS

UNC Gastroenterology Specialty Clinics
A Service of UNC Hospitals
101 Manning Drive, Chapel Hill, NC 27514
Local: (919) 966-2511 Toll Free: (877) 668-0680 Fax (919) 966-3414

HEPATOLOGY NEW PATIENT REFERRAL/CONSULTATION FORM

Date: ________________

PATIENT INFORMATION **UNC MR# (*if known*):**

LAST NAME:	FIRST NAME:		MIDDLE NAME:
PRIMARY PHONE:	ALTERNATE PHONE:	SEX: F ☐ M ☐	BIRTH DATE:
RACE:	STREET ADDRESS:		
CITY:	STATE:	ZIP:	

Diagnosis/Symptoms

☐ Cirrhosis (please attach MELD labs per below)	☐ Autoimmune Hepatitis
☐ Liver Mass	☐ PSC
☐ Elevated LFTs	☐ PBC
☐ Hepatitis C (attach Hep C results)	☐ Hemochromatosis
☐ Hepatitis B (attach Hep B results)	☐ Portal Hypertension
☐ Ascites	☐ Other ______________________
☐ Fatty Liver	

If your patient has a life threatening Liver Problem, please call the Carolina Consultation Center at 1-800-862-6264.

Specific Reason for Hepatology Consult: ____

Is this referral for a liver transplant evaluation? **Yes** ________ **No** __________

- **MELD labs: Sodium** ______ **Creatinine** _______ **INR** ________ **Bilirubin** ________

Is this referral for a suspected/known liver cancer? **Yes**________ **No** _________

Does your patient have active drug/alcohol abuse? **Yes** ________ **No** ________

Spanish Interpreter Needed? **Yes**_________ **No** ________

Please complete entire form and attach copies of pertinent clinic notes, endoscopy reports, path reports, labs, imaging results and discharge summaries. We cannot schedule an appointment until this information is received.

REFERRING PHYSICIAN INFORMATION		
PHYSICIANS NAME:		
PRACTICE NAME:		
STREET ADDRESS:	**CITY, STATE, ZIP**	
PHONE:	**FAX:**	**EMAIL ADDRESS:**

INSURANCE POLICY HOLDER INFORMATION (***PLEASE ALSO ENCLOSE COPY OF INSURANCE CARD***)			
POLICY HOLDER'S RELATIONSHIP TO PATIENT: ☐SELF ☐PARENT ☐SPOUSE ☐CHILD ☐OTHER	LAST NAME:		FIRST NAME:
SEX: F ☐ M ☐	BIRTH DATE:		PRIMARY PHONE:
PRIMARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE:
SECONDARY INSURANCE CARRIER:	POLICY #:	GROUP #:	EFFECTIVE DATE: