



HEPATOLOGY NEW PATIENT REFERRAL FORM

Date: _____

If your patient has an urgent liver problem, please call Carolina Consultation Center at 1-800-862-6264 and ask for the attending Hepatologist on call. Otherwise complete this entire form and fax it to us along with copies of pertinent clinic notes, endoscopy reports, path reports, labs, imaging results and discharge summaries. We cannot schedule an appointment without this information.

Patient Information

UNC MR# (if known):

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, Primary phone, Alternate phone, Gender (F/M), Birth Date, Street address, City, State, Zip

Specific Reason (Diagnosis and/or Symptoms) for Hepatology Consultation:

Is this referral for a Liver Transplant Evaluation [] Yes [] No

Is yes, please write in the following latest lab values: INR _____, Bilirubin _____, Creatinine _____

Is this referral for a suspected/known liver cancer or liver mass? [] Yes [] No

Does your patient have active drug/alcohol abuse? [] Yes [] No

Is an interpreter needed? [] Yes [] No. If yes, what language? _____

Request patient be seen at:

- [] UNC Liver Center, Chapel Hill (All hepatology including transplant and viral hepatitis treatment)
[] UNC Rex Liver Practice, Raleigh (No viral hepatitis treatment administered through this clinic.)
[] UNC New Hanover Liver Practice, Wilmington (No viral hepatitis treatment administered through this clinic.)
[] UNC Liver Practice, Greenville (This clinic will be focused on liver transplant, cirrhosis, and liver cancer care.)

REFERRING PROVIDER INFORMATION

Form with fields: Provider Name, Practice Name, Street Address, City, State, Zip, PHONE, FAX, EMAIL ADDRESS

INSURANCE INFORMATION (PLEASE ALSO ENCLOSE COPY OF INSURANCE CARD)

Form with fields: POLICY HOLDER'S RELATIONSHIP TO PATIENT, LAST NAME, FIRST NAME, SEX, BIRTH DATE, PRIMARY PHONE, PRIMARY INSURANCE CARRIER, POLICY #, GROUP #, EFFECTIVE DATE, SECONDARY INSURANCE CARRIER, POLICY #, GROUP #, EFFECTIVE DATE