

# LIVER TRANSPLANT REFERRAL FORM

Thank you for your interest in the UAB Comprehensive Transplant Institute. Your completion of all the fields below and attachment of medical records will ensure that there are no unnecessary delays in the evaluation of your patient. This form and other helpful information is available at [uabmedicine.org/refertransplant](http://uabmedicine.org/refertransplant)

## REQUIRED INFORMATION:

- Patient demographics page from your data system  Copy of front and back of all insurance cards
- H&P from past 12 months  Tobacco & alcohol history  Total Bilirubin, Creatinine, INR within 12 months
- Records from all hospitalizations in last 6 months  Compliance concerns \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender:  Male  Female Marital Status:  S  M  D  W

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Check One:  US Citizen  Non-Citizen Resident

Non-Citizen, Non-Resident in country for reason other than transplant; Year of entry: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring MD Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Referring MD NPI (for first referral): \_\_\_\_\_

Diagnosis?  ETOH  NASH  HCV  PBC  PSC

Other: \_\_\_\_\_ HCC (Hepatocellular Carcinoma)?  YES  NO

## Please also send the following clinical information from the past 12 months if available:

Liver biopsy, radiology tests, EGD/colonoscopy reports, serology testing, AFP, mammogram, & pap smear

## PLEASE MAIL OR FAX THIS INFORMATION TO UAB LIVER TRANSPLANT OFFICE:

1120 Jefferson Towers • 619 19th Street South • Birmingham, Alabama 35249

Phone: 205.975.5691 • Toll-Free: 866.305.5691 • Fax: 205.975.2298

Patient will receive letter with details of their appointment, maps, and an informational brochure.

Please notify us of changes in patient's condition or contact information.