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| **FibroScan ® Referral** |

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| **Austin Health - Gastroenterology Department** | **Phone: (03) 9496 5058** |
| **Email:** [**fibroscanbookings@austin.org.au**](mailto:fibroscanbookings@austin.org.au) | **Fax: (03) 9496 2732** |

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| **PATIENT DETAILS** |  |  |
| **Patient Name** |  | UR No (if Known): |
| **Patient's Date of Birth:** |  | **Gender:** |
| **Patient's Address:** |  |  |
| **Patient's Phone:** | Mobile: | Home: |

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| **Liver Biopsy ** Yes **** No | **Liver Function ** Yes **** No |
| Date: \_\_\_\_\_\_\_\_\_\_  Fibrosis Stage:  **** 0 **** 1 **** 2 **** 3 **** 4  Inflammatory Grade: **** 0 **** 1 **** 2 **** 3 **** 4 | Date: \_\_\_\_\_\_\_\_\_\_  Total Protein: \_\_ g/L Albumin: \_\_ g/L  ALT: xxx g/L Bilirubin: \_\_ μmol/L  GGT: \_\_ U/L ALP: \_\_ U/L |
| **Previous FibroScan®:** **** Yes **** No  Number of scans: \_\_ | **Haematology** |
| Date: \_\_\_\_\_\_\_\_\_\_\_  Result: \_\_\_\_\_\_\_\_\_\_\_ | Haemoglobin: \_\_\_ g/L  Platelets: \_\_\_ 109 /L  INR: \_\_\_ |
| **Comorbidities** | **Clinical Assessment of Liver Scanning** |
| **** Hepatitis B **** HIV  **** Hepatitis C **** NASH  **** Alcohol **** IDDM/NIDDM  **** Cystic Fibrosis **** Other | **** No / Minimal (F0-1)  **** Moderate (F2-3)  **** Severe / Cirrhosis (F4) |
| **Fasting >2hrs:** **** Yes **** No | |
| **Clinical Notes:** | |

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| **Referred By:** | |  | **Report Copies To:** |  |
| **Referring Dr Address:** |  | | | |
| **Referring Dr Contacts:** | **Phone: Fax:**  **Email:** | | | |

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| **Signature:** | **Provider No.** | **Date:** |

**Identify as ATSI:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Height:** \_\_\_

**Weight**: \_\_\_

**BMI:** \_\_\_

**Risk Factors for Hepatitis**

IDU - Current (<6 months): **** Yes **** No

IDU - Past (>6 months): **** Yes **** No

Vertical/ Early Horizontal: **** Yes **** No

Sexual - MSM: **** Yes **** No

Sexual - Non MSM: **** Yes **** No

Other (specify):

**Alcohol:** \_\_\_\_\_\_\_\_\_\_\_\_

**Features of Decompensation**

Ascites: **** Yes **** No

Encephalopathy: **** Yes **** No

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| PLEASE NOTE: FIBROSCAN® IS AN INVESTIGATIONAL DEVICE AND DOES NOT HAVE PROVEN EQUIVALENCE TO LIVER BIOPSY IN THE ASSESSMENT OF HEPATIC FIBROSIS. |
| FibroScan® is an ultrasound device providing an estimation of hepatic fibrosis. The results of FibroScan® need to be interpreted in conjunction with the patient's clinical circumstances. FibroScan® should be repeated when results are discordant with clinical context and consideration for liver biopsy should be given when discordance is explained. |
| Please note that FibroScan® is an investigational device and does not have proven equivalence to liver biopsy in the assessment of hepatic fibrosis. FibroScan® does not replace conventional liver ultrasound and is not intended for the investigation or exclusion of liver lesions or biliary tract disease. |
| There is no requirement to fast or alter medication use prior to undergoing FibroScan®. FibroScan® assessment may not be possible in up to 1/4 of patients with a BMI > 30 kg/m2 and alternative investigations may be appropriate. |