



University Health Network
Toronto General Hospital
 200 Elizabeth St - 13N Norman Urquhart Bldg.
 Toronto, ON M5G 2C4
www.torontoliver.ca
PHONE: 416-340-4868 option 1
FAX: 416 340 4280
 Clinic Notes are available on **ConnectingOntario**

PATIENT INFORMATION

Last _____ First _____

Gender M F DOB: DD MM YYYY

Apt _____ Address _____

City _____ Prov. _____ Postal Code _____

H: _____ C: _____

Health Card # (or IFH or UHIP) _____ VC _____ PROV _____
(IFH or UHIP: send certificate with referral)

COMPLETE FORM with LABS & REPORTS AND FAX TO 416 340 4280

Referring STAFF Clinicians (<i>not residents/fellows</i>) PRINT CLEARLY	Ref Phone # _____	<input type="checkbox"/> ER <input type="checkbox"/> GP
_____	Ref Fax # _____	<input type="checkbox"/> GIM <input type="checkbox"/> GI/HEP
Lic.# or CPSO/CNO# _____ OHIP Provider# _____		<input type="checkbox"/> Other: _____

--- WE ARE A LIVER MEDICINE FOCUSED PROGRAMME ---

Please do not refer undifferentiated liver masses in the absence of underlying liver disease.
Hep B & C referrals: please ensure HBV DNA and HCV PCR are available at time to triage

Our Hepatologists triage based on clinical information provided, our current ability to accommodate care safely & in a timely manner, taking into account our well described core academic/teaching mission

REASON FOR REFERRAL	<input type="checkbox"/> Patient Pregnant Delivery Date: _____
<input type="checkbox"/> Alcohol <input type="checkbox"/> Autoimmune <input type="checkbox"/> Focal Liver Lesion <input type="checkbox"/> NAFLD/NASH <input type="checkbox"/> Viral Hepatitis B <input type="checkbox"/> Viral Hepatitis C <input type="checkbox"/> Other: _____	

NON-URGENT	SEMI-URGENT	URGENT
<input type="checkbox"/> NAFLD/abnormal LFTs <input type="checkbox"/> Hemangioma/FNH <input type="checkbox"/> Stable Hep C <input type="checkbox"/> Stable Hep B/normal liver enzymes <input type="checkbox"/> Polycystic liver disease	<input type="checkbox"/> New cirrhosis <input type="checkbox"/> Hep B with elevated liver enzymes > 2 ULN <input type="checkbox"/> Elevated liver enzymes > 5 ULN <input type="checkbox"/> 2 nd opinion treatment referrals from community GI	<input type="checkbox"/> Acute icteric/severe hepatitis <input type="checkbox"/> Decompensated cirrhosis <input type="checkbox"/> Suspected malignant PRIMARY liver mass <input type="checkbox"/> HBV for pre-chemo prophylaxis if not able to start by Oncology based on our guidelines

Referral from Oncology/Haematology

Primary diagnosis _____ Proposed chemotherapy regimen (if applicable) _____

Chemo start date _____ List Medication: _____

Other referral information:

We will, as appropriate, assign staff based on availability, patient's medical requirements & programme academic interests.

CLINICIANS **No Preference – 1st Available ****

Hepatologists Dr. Morven Cunningham Dr. Jordan Feld Dr. Scott Fung Dr. Aliya Gulamhusein
 Dr. Gideon Hirschfield Dr. Keyur Patel Dr. David K. Wong

Clinical Associates Dr. Joshua Juan Dr. Kristel Leung Dr. Ann Ma

Nurse Practitioners Elizabeth Lee, NP Colina Yim, NP