



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 _____ Lic.# or CPSO/CNO# _____ OHIP Provider# _____	Ref Phone # _____ Ref Fax # _____	<input type="checkbox"/> ER <input type="checkbox"/> GP <input type="checkbox"/> GIM <input type="checkbox"/> GI/HEP <input type="checkbox"/> Other: _____
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--- 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

SProvide info where applicable - Our Hepatologists will ultimately triage based on established guidelines

<p align="center">REASON FOR REFERRAL</p> <p> <input type="checkbox"/> Alcohol <input type="checkbox"/> Autoimmune <input type="checkbox"/> Focal Liver Lesion <input type="checkbox"/> MASLD/MASH (fatty liver) <input type="checkbox"/> Viral Hepatitis B <input type="checkbox"/> Viral Hepatitis C <input type="checkbox"/> Other: _____ </p>	<input type="checkbox"/> Patient Pregnant Delivery Date: _____
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<p align="center">NON-URGENT</p> <p> <input type="checkbox"/> MASLD (fatty liver)/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 </p>	<p align="center">SEMI-URGENT</p> <p> <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"/> 2nd opinion referrals from community GI </p>	<p align="center">URGENT</p> <p> <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 immediate pre-chemo prophylaxis </p>
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Referral from Oncology/Haematology

☐ Primary diagnosis _____ ☐ Proposed chemotherapy regimen (if applicable) _____
☐ Chemo start date _____ ☐ List Medication: _____

Other referral information:

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

Hepatologists ☐ Dr. Morven Cunningham ☐ Dr. Jordan Feld ☐ Dr. Scott Fung ☐ Dr. Aliya Gulamhusein
☐ Dr. Gideon Hirschfield ☐ Dr. Fernanda Onofrio ☐ Dr. Keyur Patel ☐ Dr. David K. Wong ☐ Dr. Arndt Vogel

Clinical Associates ☐ Dr. Joshua Juan

Nurse Practitioners ☐ Elizabeth Lee, NP

We share referral triaging and will, as appropriate, assign staff based on availability or patient's medical requirements.

EMR referrals are acceptable if ALL information is complete & REQUIRED tests attached (not pending)