Northern Health

AFFIX PATIENT IDENTIFICATION LABEL HERE					
U.R. NUMBER:					
SURNAME:					
GIVEN NAME:					
DATE OF BIRTH:/ SEX:					

	FIBROSCAN REFERRAL	SURNAME	::	_	
		GIVEN NA	ME:		
		DATE OF E	BIRTH:/SEX:		
			□ 3 points of ID checked		
Pı	revious Liver Biopsy	☐ No	Liver Function Tests		
Date:/			Date:/		
Fibrosis Stage 0 0 1 0 2 0 3 0 4		3 4	Total protein		
Inflammatory Grade □ 0 □ 1 □ 2 □ 3 □ 4		3 🗆 4	ALT DDDU/L AST DDDU/L		
			GGT DDDU/L ALP DDDU/L	_	
			Bilirubin UMO/L	븇	
Previous FibroScan©			Haematology	C	
Date://			Haemoglobin	TIUXCUCAN	
Result .			Platelets	スピヤ	
			INR .	T T	
Comorbidities			Clinician Assessment of Liver Scarring		
	Hepatitis B ☐ HIV Hepatitis C ☐ NAFLD/NA Alcohol ☐ DM – Type Other inical Notes		□ No/Minimal (F0-1) □ Moderate (F2-3) □ Severe/Cirrhosis (F4)	1	
Referred by (name):			Phone Number:		
Referring Dr Address:			For external referrals only Fax / Email Results to:		
Si	gnature:				
Date:// Patient to fast 3 hours prior to the appointment			Provider Number:		
PLEASE NOTE: FIBROSCAN© DOES NOT HAVE PROVASSESSMENT OF HEPATIC FIBROSIS			PROVEN EQUIVALENCE TO LIVER BIOPSY IN THE		
FibroScan© is an ultrasound like device providing an estimation of hepatic fibrosis. The results of FibroScan© need to be interpreted in conjunction with the patients clinical circumstances. FibroScan© should be repeated when results are discordant with clinical context and consideration for liver biopsy should be given when discordance is unexplained. FibroScan© does not replace conventional liver ultrasound and is not intended for the investigation or exclusion of liver lesions or biliary tract disease. FibroScan© is not available during pregnancy				330360	
Email referral to: NH-Glinvestigations@nh.org.au Oncology and Day Medical Unit.					
	one number: 8468 8664		orthern Health - 185 Cooper Street, Epping 3076		
1	Office Use Only Date referral received:// Received by: (print name)				

Please email form to NH-GIInvestigations@nh.org.au Oncology and Medical Day Unit Phone: 8468 8664

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