

FibroScan® Referral

Victorian Infectious Diseases Service (VIDS)
Royal Melbourne Hospital
Grattan Street, Parkville, VIC 3050
Ph: 9342 7212 Fax: 9342 7277

Insert patient label OR enter patient details here:

Name: _____

UR: _____

D.O.B: ____/____/____ Sex: M / F

Address: _____

Suburb: _____ Postcode: _____

Phone: _____

Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____/____/____ <small>DD MM YYYY</small> Fibrosis Stage <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Inflammatory Grade <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Liver Function Date ____/____/____ <small>DD MM YYYY</small> Total Protein _____ g/L Albumin : _____ g/L ALT _____ U/L Bilirubin: _____ μmol/L GGT _____ U/L ALP: _____ U/L
Previous FibroScan® <input type="checkbox"/> No <input type="checkbox"/> Yes → Number of scans _____ Date ____/____/____ (of the most recent fibroscan) <small>DD MM YYYY</small> Result _____	Haematology Haemoglobin _____ g/L Platelets _____ x 10 ⁹ /L INR _____
Comorbidities <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> NASH <input type="checkbox"/> Alcohol <input type="checkbox"/> IDDM / NIDDM <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other	Clinician Assessment of Liver Scanning <input type="checkbox"/> No / Minimal (F0-1) <input type="checkbox"/> Moderate (F2-3) <input type="checkbox"/> Severe / Cirrhosis (F4)
Clinical Notes 	

(Block Letters Please)

Referred By:	Report Copies To:
Referring Dr Address:	Address for Copies:
_____ <small>DD MM YYYY</small>	Signature
Date	Provider No

Practice Location: _____

Country of Birth: _____

Identify as ATSI: Yes No

Height: _____ cm

Weight: _____ kg

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

Standard drinks per week: _____

Features of Decompensation

Ascites: Yes No

Encephalopathy: Yes No

Fibroscan Operator Comments:

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 like 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 ¼ of patients with a BMI > 30 kg/m2 and alternative investigations may be appropriate.

For more information regarding use of FibroScan® or the interpretation of results, please contact: Victorian Infectious Diseases Service, Royal Melbourne Hospital on 9342 7212.