

DIVISION OF GASTROENTEROLOGY

DEPARTMENT OF MEDICINE KINGSTON HEALTH SCIENCES CENTRE Hotel Dieu Hospital site

Hotel Dieu Hospital Site 166 Brock St., Kingston, Ontario, Canada K7L 5G2

Appointments: 613-544-3400 ext. 3490 Division Chair 613-544-3400 ext. 1040 Gen GI, Liver & Pathway Fax: 613-544-3114

Liver Clinic Referral – MASLD

Refer to primary care management pathway https://kingstonhsc.ca/refer-patient-khsc/gastroenterology-referrals to ensure referral required

PATIENT INFORMATION					
Last Name	First Name		DOB (yyyy/mm/dd)		Sex □ F □ M □ Other
OHIP/Version Code or Other Insurance	Address (including City, Province, Postal Code				1
Home Telephone	Work Telephone		Extension	Mobile Telephone	
Primary Care Provider Name	Primary Care Provider Phone		ne	Primary Care Provider Fax	
Referring Care Provider Name	Referring Care Provider Signature (Mandatory)		Date (yyyy/mm/dd)		
Referring Care Provider Telephone	Ext.	Referring Care Provider Fax Refe		Referring Care Prov	ider Email
REASON FOR REFERRAL ☐ FIB-4 >1.3 ☐ Obvious cirrhosis on imaging	CLINICAL HISTOR	RY			
PERTINENT INVESTIGATIONS					
 Complete Blood Count AST, ALT, ALP, bilirubin, INR Albumin Liver ultrasound FIB-4 score If ALT abnormal >6 months: HCV Ab, HBsAg ANA, smooth muscle Ferritin, transferring Ceruloplasmin (only 	saturation				

Clinical Faculty: L.C. Hookey MD, FRCPC, Chair, R. Bechara, Hon BSc, MD, FRCPC, M.J. Beyak, BSc, MD, FRCPC, J. Flemming, MD, FRCPC, MAS, M. Kelley, MD, FRCPC, K. Leung, MD, FRCPC, J.A. Louw, MB, ChB, FCP(SA), M.Med, FRCPC, PhD, C. Lowe, MD, FRCPC, M. Rai, MD, FRCPC D.E. Reed, MD, FRCPC, M. Ricci, MD, FRCPC, D.M. Rodrigues, MD, FRCPC, M.J. Ropeleski, MD, FRCPC, E. Squirell MD, FRCPC S.J. Vanner, MSc, MD, FRCPC, Research Faculty: A.E. Lomax, Ph.D. Nurse Practitioner: Chao Zhu, BScN, MN, NP

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