

**DIVISION OF GASTROENTEROLOGY
DEPARTMENT OF MEDICINE
KINGSTON HEALTH SCIENCES CENTRE**



Hotel Dieu Hospital Site
166 Brock St.,
Kingston, Ontario, Canada K7L 5G2
website (GIDRU): <http://meds.queensu.ca/gidru/train.htm>

Appointments: (613) 544-3400 ext 3490
Division Chair: (613) 544-3400 ext 1040
Gen GI Fax: (613) 544-3114
Liver & Pathway Fax: (613) 549-8386

Liver Clinic Referral – NAFLD

Refer to primary care management pathway
<http://kingstonhsc.ca/refer/gastroenterology-1>
to ensure referral required

PATIENT INFORMATION			
Last Name	First Name	DOB (yyyy/mm/dd)	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
OHIP/Version Code or Other Insurance	Address (including City, Province, Postal Code)		
Home Telephone	Work Telephone	Extension	Mobile Telephone
Primary Care Provider Name	Primary Care Provider Phone		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	Referring Care Provider Email
REASON FOR REFERRAL	CLINICAL HISTORY		
<input type="checkbox"/> FIB-4 >1.3 <input type="checkbox"/> Obvious cirrhosis on imaging			
PERTINENT INVESTIGATIONS			
<ul style="list-style-type: none"> • Complete Blood Count • AST, ALT, ALP, bilirubin, INR • Albumin • Liver ultrasound • FIB-4 score • If ALT abnormal >6 months: <ul style="list-style-type: none"> ○ HCV Ab, HBsAg ○ ANA, smooth muscle Ab, IgG ○ Ferritin, transferrin saturation ○ Ceruloplasmin (only if <30 years old) 			