

# UW Medical Center Liver Care Line Referral Checklist

Thank you for your interest in the Liver Care Line at UW Medical Center.

This form is a guideline for proper referral documentation. It is intended to serve only as an outline and does not need to be included in the actual referral. Additional information, visit [www.uwmedicine.org/liver](http://www.uwmedicine.org/liver)

Please send items from the below checklist in order to expedite appointment scheduling. Please ensure the information sent is current, as outdated records will result in a delay or denial of the referral.

## CONSULTATION REQUEST

- Patient Demographics
- Referral Reason

## PROGRESS NOTES

- Most recent chart notes from referring provider
- History & Physical
- Alcohol/Drug History

## INSURANCE INFORMATION

- Insurance Name/Type
- Subscriber Name/
- SSN (*required for transplant referrals*)
- Policy/Group #
- Benefits Phone #

## LABORATORY STUDIES

- COMP Metabolic Panel
- CBC with Platelet Count
- AFP (non-maternal)
- PT/INR
- HCV RNA Quant. (*test result is required for all referrals for HCV treatment, HCV Ab is not sufficient*)

*Also, include the following documentation, if available:*

## RADIOLOGY REPORTS

- Ultrasound
- CT Scan
- MRI

## PATHOLOGY RESULTS

- Liver Biopsy

The patient will be scheduled for a clinic visit as soon as the preceding paperwork has been received and reviewed. We will contact the patient directly to set up an appointment.

Referral Fax: 206.598.4287

Referral Phone: 206.598.4973

# UW Medical Center Liver Care Line Consultation Request

This form is to be completed by a referring physician or designee. Fields with titles marked by an asterisk are required entries and must be completed before the request can move forward.

PATIENT NAME*	
GENDER*	
DATE OF BIRTH*	
SSN	
INTERPRETER NEEDED; LANGUAGE?	
ADDRESS*	
CITY/STATE/ZIP*	
PRIMARY CARE PROVIDER	
HOME PHONE*	
CELL PHONE	
INSURANCE	

## Referral From:

PROVIDER NAME*	
NPI	
ADDRESS	
CITY/STATE/ZIP	
PHONE*	
CONSULT REASON*	
PERTINENT DIAGNOSIS*	
REFERRING PROVIDER SIGNATURE*	
DATE	

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