

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. For additional information please visit: www.uwmedicine.org/liver

PATIENT NAME*		
DATE OF BIRTH*	GENDER*	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SSN	<input type="checkbox"/> INTERPRETER NEEDED; LANGUAGE?*	
ADDRESS*		
CITY*	STATE	ZIP*
HOME PHONE*	WORK PHONE	
CELL PHONE	PCP	
INSURANCE		

FROM:

PROVIDER NAME*		
ADDRESS		
CITY	STATE	ZIP
PHONE*	FAX*	

TO:

DEPARTMENT	SPECIALTY
PROVIDER NAME	
TYPE?	<input type="checkbox"/> MD <input type="checkbox"/> PA-C <input type="checkbox"/> EITHER <input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT
CONSULT REASON*	
PERTINENT DIAGNOSIS*	
REFERRING PROVIDER SIGNATURE*	DATE

Referral Fax: 206-598-4287
Referral Phone: 206-598-4973

Liver Care & Transplantation
 UWMC Box 356175
 1959 NE Pacific Street
 Seattle, WA 98195

Liver Care Line REFERRAL CHECKLIST

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. For additional information, please visit www.uwmedicine.org/liver

Thank you for your referral to the Liver Care Line at the University of Washington Medical Center. Please send items from the following checklist in order to expedite appointment scheduling.

CONSULTATION REQUEST FORM		PROGRESS NOTES, including:	
	Patient Demographics		History & Physical
	Referral Reason		Alcohol/Drug History

INSURANCE INFORMATION		LABORATORY STUDIES	
	Insurance Name/Type		COMP Metabolic Panel
	Subscriber Name/SSN		CBC with Platelet Count
	Policy/Group #		AFP (non-maternal)
	Benefits Phone #		PT/INR

Also, please include the following documentation, if available.

RADIOLOGY REPORTS		PATHOLOGY RESULTS	
	Ultrasound		Liver Biopsy
	CT Scan		
	MRI		

Your 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. Thank you for providing this valuable information.

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