

FibroScan® Referral

St Vincent's Hospital Melbourne Liver & Hepatitis Clinic

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PATIENT DETAILS

Patient Name	SVH UR No (if Known):	
Date of Birth:	Gender:	
Address:		
Phone:	Home:	Mobile:
Medicare No.	Ref.	Exp.

Liver Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Function <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____ 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	Date: _____ Total Protein: _____ g/L Albumin: _____ g/L ALT: _____ g/L Bilirubin: _____ µmol/L GGT: _____ U/L ALP: _____ U/L

Previous FibroScan®: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of scans: _____ Date: _____ Result: _____ kPa: _____ CAP: _____	Haematology Haemoglobin: _____ g/L Platelets: _____ 10 ⁹ /L INR: _____
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Comorbidities	Clinical Assessment of Liver Scanning
<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	<input type="checkbox"/> No / Minimal (F0-1) <input type="checkbox"/> Moderate (F2-3) <input type="checkbox"/> Severe / Cirrhosis (F4), or >10kpa (Wed AM list)

Features of Decompensation:

Ascites: ☐ Yes ☐ No Encephalopathy: ☐ Yes ☐ No

Clinical Notes:

Referred By:	Copies To:
Address:	
Contacts:	Phone: Fax: Email:
Signature:	Date: Provider No:

OFFICE USE ONLY:

Height: Weight: Median LSM: IQR:
CAP: SD: Valid Readings: Probe: M/ XL
Spleen: Health Condition Code:

FibroScan® is an ultrasound 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 1/4 of patients with a BMI > 30 kg/m² and alternative investigations may be appropriate.

