



Community Hepatology Clinic at MCC

PHONE: 204-589-9428 FAX: 204-582-6006
886 Main Street, Winnipeg, MB R2W 5L4

Referral Date:

The Community Hepatology Clinic at MCC will receive consults from physicians who wish to have their patient with a Viral/Non-Viral liver-related problem seen by a Hepatologist. To facilitate this process, please send this referral/a referral letter to the fax# above and our nurses will contact the patient with an appointment date and time. For questions of a more urgent nature, please call HSC paging (204-787-2071) to page the Hepatologist on-call.

Patient Name:	DOB (DD/MM/YY):	MHSC#:
Address:		PHIN:
Postal Code:	Home ph: () -	Work/Cell ph:
Referring Physician Name and Address:		Referring Physician Phone and Fax:

Reason for Consultation:

- Hepatitis C Hepatitis B Abnormal Liver Enz. Fatty Liver Liver tumour/mass Other:

History of Present Illness (and Risk Factors if applicable):

Clinical Question:

Allergies:

Past Medical History:

- 1.
- 2.
- 3.
- 4.
- 5.

Medications/Supplements/Herbals:

Liver Biochemistry			Serology		
TEST	DATE	RESULT	TEST	DATE	RESULT
ALT			HAV IgG		
AST			HBsAb		
AlkPhos			HBcAb (core)		
GGT			HBsAg		
Tbill/Dbill			HCV Ab		
Albumin			HCV PCR Qual/ HCV core Ag		
INR			HCV Genotype (if known)		

HIV Ab: pos neg unknown

HIV Ab test date: DD-MMM-YYYY

Fibroscan results attached:
 Yes No Not avail.

Liver Ultrasound results attached:
 Yes No Not avail.