

Referral for Liver Transplantation

PLEASE FILL OUT COMPLETELY - Return to:

Medical University of South Carolina
Liver Transplant
160 Rutledge Avenue
PO Box 250586
Charleston, S.C 29425
Phone: 843-792-0332; Fax: 843-792-3172

Date of Referral: _____ Form Complete By: _____

PATIENT DEMOGRAPHICS

PATIENT NAME: _____ Age: _____ Race: _____ Sex: _____

Address: _____ Ht(cm): _____ Wt(kg): _____

_____ Phone #: _____

Work Phone: _____ Cell Phone: _____

SS#: _____ DOB: _____

Diagnosis: _____

Pediatric Patients – Parent/Guardian Name: _____

SS#: _____ DOB: _____

Place of Employment: _____

PATIENT'S INSURANCE INFORMATION

Medicare #: _____ Medicaid #: _____

Other Insurance: _____

REFERRING PHYSICIAN INFORMATION

Referring MD (GI): _____

Address: _____

Phone: _____ FAX: _____

Referring MD (Primary): _____

Address: _____

Phone: _____ FAX: _____

SUBSTANCE ABUSE INFORMATION

Did patient ever have an alcohol problem? yes no

Is patient currently drinking? yes no

If not drinking, when did patient stop? _____

Has patient attended alcohol rehabilitation in the last 2 years? yes no

If so, When/Where? _____

Did patient ever have a drug problem? yes no

Is patient currently using drugs? yes no

If not using drugs, when did patient stop? _____

Has patient attended drug rehabilitation in the last 2 years? yes no

If so, When/Where? _____

Is patient currently smoking? yes no

Did patient ever smoke? yes no

If patient has a history of smoking, when did patient stop? _____

- IF THE PATIENT IS STILL ABUSING SUBSTANCES, HE/SHE MUST BE REFERRED TO LOCAL COUNTY SCADA/DAODAS PROGRAM BY THEIR REFERRING PHYSICIAN BEFORE AN INITIAL CONSULT CAN TAKE PLACE AT MUSC.
- THE PATIENT MUST BE ABSTINENT FOR AT LEAST SIX MONTHS BEFORE BEING SEEN AT MUSC.
- IF THE PATIENT IS UNFUNDED, PLEASE REFER THEM TO THE LOCAL MEDICAID OFFICE.

Referral must include: (Please check box if attached.)

- Completed referral form**
- Copy of all insurance cards (front & back)**
- Recent Clinical Summary including complete physical exam, all current medications and treatment plans. (We are not able to accept handwritten office notes.)**
- Lab Data including any special studies done to aid in the diagnosis (such as serologies) over the past two years**
- Details of alcohol and/or drug rehabilitation (if applicable)**
- Endoscopy reports**
- Abdominal operation reports**
- Biopsy reports**
- Imaging reports**
- Discharge summaries**
- Women: PAP smear for age \geq 18; Mammogram for age \geq or positive history**
- Men: Current PSA for age \geq 40.**