

UBRN:
 Received date: | |

Direct Access Fibroscan (Test only) - Referral form

TEST ONLY - No consultant vetting / input		
GP or GDP details	Patient details	
Name:	Name:	
Address:	Address:	
Tel No:	Tel no. (Home):	Please check tel. numbers
Email:	Tel no. (Work):	
Decision to refer date:	Tel no. (Mobile):	
	NHS no:	DoB:
Interpreter required:	Hospital no:	Gender:
Language:	Mobility:	
Please confirm that the patient is aware that this is a fibroscan referral: Yes <input type="checkbox"/>		
Is patient fit and mobile (can get onto couch & lie flat) and willing to undergo fibroscan: Yes No If the patient is not fit, mobile or willing to undergo fibroscan, please consider referral to the hepatology service for outpatient review.		
Patient BMI:	Alcohol intake per week:	
T2DM: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Indication for Fibroscan		
1. Suspected alcohol related liver disease "High risk drinker" <input type="checkbox"/> Male > 50 units alcohol / week <input type="checkbox"/> Female > 35 units alcohol / week		
OR		
2. High risk of fibrosis NAFLD (all 5 parameters to be fulfilled)		
<input type="checkbox"/> Asymptomatic (no ascites / jaundice / encephalopathy) <input type="checkbox"/> US compatible with fatty liver		
<input type="checkbox"/> Negative HCV / HBV serology <input type="checkbox"/> NAFLD score > -1.455		
<input type="checkbox"/> Negative liver autoantibodies and Ig G < 16 g/l		
A fibroscan score > 8.1 kPA (or technical failure) will be automatically booked to Hepatology OPA. Those with a score 8.0 or less kPA will be discharged to primary care with written advice as per RMS guidelines.		

FIBROSCAN RESULT

Median liver stiffness: kPA	IQR	Success rate%
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Fibroscan < 8.0 or less KPA - No significant disease

Fibroscan > 8.1 KPA - Possible significant disease

PRIMARY CARE ADVICE FOR FIBROSCAN 8.0 OR LESS KPA

1. Harmful drinker

- Primary care feedback re safe alcohol intake
- AUDIT questionnaire and referral to Addaction if AUDIT > 8
- Refer for repeat Fibroscan 3 - 5 year if persistent drinking

2. Low risk fibrosis NAFLD

- Assess cardiovascular risk
- QRISK2 & consider statin
- Diabetes / HT Rx
- Weight reduction
- Alcohol advice
- Refer for repeat Fibroscan 2 - 5 year dependent on risk

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ADDITIONAL INFORMATION**Date****Time:****Designation:****Print name:****Signature:**