MIDLAND REGION COMMUNITY HEPATITIS C REFERRAL FORM

Service co-ordinated by
Waikato DHB
Pembroke St
HAMILTON

Midland District Health Boards
www.midlanddhbs.health.nz

Referral for Fibroscan and Patient Education for People with Hepatitis C

Please complete and fax to**: 07 839 8817**
Phone: **07 839 8899 ext 23017**

- This service is available to **all** patients in the midland DHB region who have hepatitis C
- The service offers a liver Fibroscan and lifestyle education.
- Your patient will be contacted re the next available Fibroscan clinic in their area

Patient Details: (Affix patient label or complete)			
Patient consents to this referral: YES/NO		Referral date:	
Title: Mr/Mrs/Ms	Surname:	First name (s):	Also known as:
DOB:	Gender: Male/Female	Ethnicity:	NHI:
NZ Resident: YES/NO	Phone home:	Phone work:	Mobile:
Postal address/postal code:		Residential address (if different):	
Referrer Details: (Use referrer stamp or complete)		☐ Referral is from NEP	
Referrer name and position:		Referrer contact no:	
Referrer address:			
Patients GP name:		GP address:	
Medical History:			

For referral purposes the following test are required
- ☐ LFT's
- ☐ HCV antibody
- ☐ HCV PCR RNA or HCV antigen

Include results if available
- ☐ HCV Genotype
- ☐ Previous ultrasound
- ☐ Previous Fibroscan
- ☐ Liver biopsy
- ☐ HIV
- ☐ Hep B

Hepatitis previously treated:	YES/NO If YES please provide details
Relevant past or present medical history, including mental health:	

Waikato District Health Board

Midland region community hepatitis C service co-ordinated by Waikato District Health in partnership with Hepatitis Foundation of New Zealand

The Hepatitis Foundation of New Zealand
www.hepatitisfoundation.org.nz