

# MIDLAND REGION COMMUNITY HEPATITIS C REFERRAL FORM

Service co-ordinated by  
Waikato DHB  
Pembroke St  
HAMILTON

**Midland**  
District Health Boards  
[www.midlanddhs.health.nz](http://www.midlanddhs.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

<b>Patient Details:</b> (Affix patient label or complete)			
Patient consents to this referral: YES/NO		Referral date:	
Title:	Surname:	First name (s):	Also known as:
Mr/Mrs/Ms			
DOB:	Gender:	Ethnicity:	NHI:
	Male/Female		
NZ Resident: YES/NO	Phone home:	Phone work:	Mobile:
Postal address/postal code:	Residential address (if different):		
<b>Referrer Details:</b> (Use referrer stamp or complete)	<input type="checkbox"/> Referral is from NEP		
Referrer name and position:	Referrer contact no:		
Referrer address:			
Patients GP name:	GP address:		
<b>Medical History:</b>			
For referral purposes the following test are required		Include results if available	
<input type="checkbox"/> LFT's <input type="checkbox"/> HCV antibody <input type="checkbox"/> HCV PCR RNA or HCV antigen		<input type="checkbox"/> HCV Genotype <input type="checkbox"/> Previous ultrasound <input type="checkbox"/> Previous Fibroscan <input type="checkbox"/> Liver biopsy <input type="checkbox"/> HIV <input type="checkbox"/> Hep B	
Hepatitis previously treated:	YES/NO If YES please provide details		
Relevant past or present medical history, including mental health:			