

**VANDERBILT LIVER TRANSPLANT PROGRAM
REFERRAL WORKSHEET**

1313 21st Avenue South, 801 Oxford House * Nashville, TN 37232-4753
Phone: (615) 936-5321 * Fax: (615) 936-2787

DATE REFERRAL RECEIVED: _____ VUMC MR #: _____

Patient's Name: _____ Date of Birth: _____ Sex: _____
Address: _____ Soc. Sec. #: _____
_____ Home Phone #: _____
_____ Work Phone #: _____
_____ Cell Phone #: _____

Referring Physician: _____ Office Phone #: _____
Address: _____ Office Fax #: _____

Primary Hepatic Diagnosis: _____
Etiology of Liver Disease: _____
Date of Liver Biopsy: _____

Insurance Information: _____ Secondary Insurance: _____
Company: _____ Company: _____
Subscriber's Name: _____ Subscriber's Name: _____
Group #: _____ Group #: _____
Policy #: _____ Policy #: _____

OON (Out of Network) Referral Needed: ___ Yes ___ No OON Referral #: _____
If subscriber other than patient:
Subscriber Employer: _____
Subscriber SSN: _____ D.O.B _____

Appointment Date and Time _____ w/Dr. _____

Conditions Excluding Transplantation from Consideration:
Is Patient Hepatitis-B Surface Antigen (HBsAg) positive? _____
Is Patient HIV antibody positive? _____
Does the patient have a diagnosed /suspected malignancy or H/O malignancy? _____

Personal and Social History:
Is there any history of alcohol or drug abuse / dependency? _____
If yes, date of last use reported by patient / family _____
Completion of formal rehabilitation program? _____
Participation in abstinence support program? _____
Recent random drug screens done and results? _____

Does the patient presently use tobacco? ___ Yes ___ No

Complications of Liver Disease:
Encephalopathy ___ Yes ___ No Details: _____
GI Bleeding ___ Yes ___ No Details: _____
Ascites ___ Yes ___ No Details: _____
Peritonitis ___ Yes ___ No Details: _____

Medical History:
Cardiac Disease ___ Yes ___ No Details: _____
Diabetes ___ Yes ___ No Details: _____
Renal Disease ___ Yes ___ No Details: _____
Lung Disease ___ Yes ___ No Details: _____
Abdominal Surgery ___ Yes ___ No Details: _____
Psychiatric ___ Yes ___ No Details: _____

