Ambulatory WeCare

Rhode Island Hospital
A Lifespan Partner

Rhode Island Hospital
593 Eddy Street
Ambulatory Patient Center (APC) 5th Floor
Providence, RI 02903 Fax: 401-444-5280 Phone 401-444-4480
http://www.lifespan.org/rih/services/ambulatory/

HEPATOLOGY CLINIC

MR#

Session Times: Monday Afternoons

Patient's Name:
Address:
DOB: Sex:
SS#:
Interpreter Required Y N Language
Phone:
Insurance:

Date of Referral:
Requesting Physician:
Address:

Phone:
Fax:

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

Guidelines	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
Hepatitis C	RUQ Abdominal Ultrasound Liver function test (ALT, AST, Alk phos and bilirubin), HCV PCR viral load, HCV genotype, CBC, PT/PTT
Abnormal LFTs	RUQ Abdominal Ultrasound Anti-HCV, HBsAg, Ferritin, Iron Saturation, ANA, Alpha-1-antitrypsin, ceruloplasmin, albumin and total protein
Cirrhosis	RUQ Abdominal Ultrasound Abnormal LFT's, AFP, PT/INR and chem.-7
Hepatitis B	RUQ Abdominal Ultrasound Hepatitis B serology (HBsAg and Ab, HBeAg and Ab, AntiHBc total and HBV DNA) and LFTs

Reason for Referral:

Signature: Print Name:

Clinic Use Only: Date Received: Coordinator Initials: RN Initials:

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: