



PINNACLE
THE FUTURE OF LIVER MEDICINE

REFERRAL FORM FOR NASH PATIENTS

Patients Name _____

Date of Birth _____

Contact Phone Number _____

Contact Email _____

Please select the following items that apply to this patient:

- | | |
|--|--|
| <input type="checkbox"/> DM HgbA1c < 9.6 | <input type="checkbox"/> > 2-3 drinks per day (males) or
> 1-2 drinks current day (females) |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Positive History of ETOH abuse |
| <input type="checkbox"/> HTN | <input type="checkbox"/> Imaging showing Hepatic Steatosis |
| <input type="checkbox"/> Post-Menopausal | <input type="checkbox"/> US |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> CT |
| <input type="checkbox"/> AST > 40 | <input type="checkbox"/> MRI |
| <input type="checkbox"/> HgbA1c ≥ 5.8 | |

Please answer one or more of the following:

1. Is the NAFLD Fibrosis Score ≥ -1.455 Yes No (<http://nafldscore.com/>)

[CLICK HERE FOR NFS CALCULATOR](http://nafldscore.com/)

(<http://nafldscore.com/>)

2. Is the FIB-4 ≥ 1.3 Yes No

[CLICK HERE FOR FIB-4 CALCULATOR](http://www.microsofttranslator.com/BV.aspx?ref=IE8Activity&a=http%3A%2F%2Fwww.hepatitisc.uw.edu%2Fpage%2Fclinical-calculators%2Ffib-4)

(<http://www.microsofttranslator.com/BV.aspx?ref=IE8Activity&a=http%3A%2F%2Fwww.hepatitisc.uw.edu%2Fpage%2Fclinical-calculators%2Ffib-4>)

3. APRI ≥ 0.5 Yes No

[CLICK HERE FOR APRI CALCULATOR](http://www.microsofttranslator.com/bv.aspx?from=&to=en&a=http%3A%2F%2Fwww.hepatitisc.uw.edu%2Fpage%2Fclinical-calculators%2Fapri)

(<http://www.microsofttranslator.com/bv.aspx?from=&to=en&a=http%3A%2F%2Fwww.hepatitisc.uw.edu%2Fpage%2Fclinical-calculators%2Fapri>)

4. Fibroscan > 7 KPA Yes No

5. Has a liver biopsy been performed? Yes No

With your referral please send all relevant information including: [relevant medical history, recent consultation, medications, labs, imaging and liver biopsy.](#)

We appreciate your referral.

Referring Provider: _____

Referring Provider phone: _____

Please fax the completed form to: **fax (210-572-5766)**