



**\*ASCREENCRIT\***  
**Referral for Liver Transplantation**  
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Form Origination Date: 7/13  
Version: 1

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Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_

**PATIENT IDENTIFICATION LABEL**

**Complete and return to:**

MUSC Transplant Program  
162 Ashley Avenue, MSC 586  
Charleston, SC 29425

Fax: 843-792-3172  
Email: LiverTransplant@musc.edu

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Ht (cm): \_\_\_\_\_ Wt (kg): \_\_\_\_\_ Gender: \_\_\_\_\_ SS#: \_\_\_\_\_

- Ethnicity:
- White
  - American Indian/Alaska Native
  - Hawaiian/Pacific Islander
  - Asian
  - Black/African American
  - Hispanic/Latino
  - Other: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referring MD (GI): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring MD (Primary): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Did patient ever have an alcohol problem?  Yes  No  
 Is patient currently drinking?  Yes  No  
 If not drinking, when did patient stop? \_\_\_\_\_  
 Has patient attended alcohol rehabilitation in the last 2 years?  Yes  No

Did patient ever have a problem using drugs non- therapeutically?  Yes  No  
 Is patient currently using drugs non-therapeutically?  Yes  No  
 If not, when did patient stop? \_\_\_\_\_  
 Has patient attended drug rehabilitation in the last 2 years?  Yes  No

Did patient ever smoke?  Yes  No  
 Is patient currently smoking?  Yes  No  
 If not smoking, when did patient stop? \_\_\_\_\_

**Referral should include:**

- Completed referral form
- Copy of insurance cards (front & back)
- Clinical Summary and Discharge Summary
- Medication list

**If available, include:**

- Lab data for previous 2 years
- Endoscopy, Biopsy & Imaging reports
- Men: PSA (age > 40)
- Details of alcohol/drug rehab (if applicable)
- Abdominal operation reports
- Women: Pap smear (age > 18), Mammo (age > 40)

Referring Physician Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referring Printed Name: \_\_\_\_\_