

Referral letter

Dear:

Date:

Patient Name:

Address:

Phone number:

Email:

DOB:

Medicare Number:

Not eligible?

HCC/Pension Number:

Interpreter required? Y N Language:

Does the person identify as Aboriginal and/or Torres Strait Islander? Y N

Country of Birth:

Please see as non-urgent review

Please see ASAP. Reason for urgent referral:

The patient is aware of this referral.

I have asked them to call your rooms for an appointment.

Please contact the patient to arrange a time.

Reason for Referral

New diagnosis hepatitis B

Refer to commence treatment

Please assess and advise of management plan for hepatitis B

Assume management of hepatitis B

Medical History

Medications (including complementary and Traditional Chinese Medicine)

Allergies

Immunisations

Hepatitis A **Y** **N** **unsure**

Metabolic History

BMI or most recent weight: **OR** obesity **Y** **N**

T2DM

Alcohol/ other drugs:

Smoking :

Family history of liver cancer **Y** **N**

Pregnancy or planning **Y** **N**

Upcoming immune suppression / chemotherapy **Y** **N**

Co-infection with HCV or HIV **Y** **N**

Examination: normal / other

Previous management of Hepatitis B

Medication **Y** **N** /please specify

N/A (new diagnosis)

Other considerations

Visa and migration considerations to support patient with (further detail in free text)

Investigations

Lab used:

	Attached	Not done	Please organise
HBsAg, anti-HBc, anti-HBs Please identify if this has been self-reported by the patient			
HBeAg / anti-HBe serology, HBV DNA viral load* date last done if known			
HAV, HCV, HDV, and HIV serology			
LFT (inc AST) , FBE, EUC			
AFP			
INR			
Liver ultrasound, imaging (any date), APRI score			

**For your information I have discussed the following marked topics with
Please continue patient education.**

Natural history, modes of transmission, and risk reduction

The availability of effective treatments, which are funded by the PBS, if indicated

Partner and family immunisation and testing

The need for regular long-term (often lifelong) monitoring - at least annually

Liver health and lifestyle- Alcohol minimisation, smoking cessation, weight management, IDU harm reduction as appropriate

Online/ Written Resources

Notes on patient education (including estimated level of patient understanding)

Please:

Develop a plan of management for this patient. I am happy to order tests/ investigations and follow this person up after assessment.

Assume ongoing care and management of HBV. Please keep me informed of your care.

Assume care of this patient.

I have prepared a GP Management Plan for this patient. **Y** **N**

Would you be able to join the Team Care Arrangement for this patient? **Y** **N**

Please let me know if you are unable to take on this patient or are unable to contact them.

Regards,

Name

Address