

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Liver Clinic	Hepatitis C Referral	Patient Ht, Wt, BMI (include units) Past Medical History Medications (including OTC) Psychiatric History/Diagnosis (please list) Substance Abuse History: Alcohol? If yes, drink type/amount, frequency; Addiction treatments? Dates of treatment. Injection drug use? If yes, date of last injection drug use. Prescription drug abuse? If yes, date of last abuse. Audit-C Score (see Audit-C Tool in forms) Symptoms/abnormal findings (please list) Questions/areas of concern (please list)	Pertinent labs, imaging (US, CT)
Liver Clinic	Liver Clinic Referral - Not Hepatitis C	Patient Ht, Wt, BMI (include units) Past Medical History Medications (including OTC) Alcohol? If yes, drink type/amount, frequency Family History of liver disease? Symptoms/abnormal findings (please list) Questions/areas of concern (please list)	Lab Form 2 (Not Hepatitis C) Pertinent labs, imaging (US, CT)
Maternal Fetal Medicine	Maternal Fetal Medicine Form	Reason for referral/consultation Indicate any labs that are NOT included and why Additional pertinent information	Prenatal Flow Sheet Prenatal History - ensure at least month and year of all deliveries, TABs, and SABs are on record and legible Ultrasound report Prenatal visits PAP Report If Previous C/S - Operative report If patient desires BTL - Consent form Lab Reports as applicable: MSAFP or Quad Screen; HGB/HCT (hemoglobin)-CBC; GC; Chlamydia; RPR; HIV; Immunization Record On the prenatal flow record: PPD Placement and reading; HEP B Vaccine x 3; TD Immunization Date