

**Liverpool Hospital
Hepatocellular Carcinoma
Multi Disciplinary Team Referral**

MOBILE: 0484 109 215

SWSLHD-

LiverpoolHCCMDT@health.nsw.gov.au

MRN:

Family name:

Given name(s):

Address:

Mobile:

Date of birth:

Preferred Language:

Female / Male

Referring Consultant:

Referral Date:

Referring Hospital:

Patients Email:

Patients NOK:

Patients NOK Mobile:

Referral Summary & Reason for Referral

Is patient aware of diagnosis? YES / NO

Is patient aware of referral to MDT? YES / NO

New HCC YES / NO

Recurrence of HCC YES / NO

Cause of liver disease:

Other helpful information

Clinical decompensations:

Social History:

Employment:

Living arrangement:

Blood Tests	Sodium	Creatinine	eGFR	AFP
	Albumin	Bilirubin	INR	Platelet
	Child Pugh	ECOG	MELD	Ascites: Yes / No

Imaging to be reviewed

CT ☐

MRI ☐

Location of scans (Provider):

Date of scans:

Referring Consultant who will be presenting the case:

Meetings are held every Monday at 7:45 via TEAMS

Please contact HCC Nursing staff Liverpool for further details on how to join or attend

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