



**Clinical Transplant Services**

**Liver Transplant Program**

Mail Code: L590 • 3181 SW Sam Jackson Park Rd

Portland, OR 97239-3098

Tel: 503-494-8500 • Fax: 503-494-5292

**REFERRAL FOR POST LIVER TRANSPLANT FOLLOW UP / TRANSFER OF CARE**

Fax Complete Referral to the Liver Transplant Program at: 503-494-5292

Please include the following:

- This referral form (completed)
- Patient Face Sheet
- Operative notes from transplant (please include all operative reports from this admission)
- Discharge Summary after transplant surgery
- Explant Pathology
- Any notes regarding confirmed or suspected HAT/ Biliary leak, Biliary stricture, rejection, CMV
- Last Hepatology and Surgical clinic visit
- Current immunosuppression regimen
- Last 6 sets of liver transplant lab work
- Donor and Recipient serologies at the time of transplant including Hep B core AB-

If the patient is **under 1 year** post liver transplant, please call our provider consult line 503-494-4567 for a physician-to-physician discussion.

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

**Physician Information** (Referral should come from managing transplant center if possible)

Referring Provider: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_



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**Patient Information**

Name (first, middle, last): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Alternative Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

English Speaker:  Yes    No, other language: \_\_\_\_\_ ( Interpreter required)

**Insurance Information**

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group #: \_\_\_\_\_

**Medical History**

Transplant Center: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Transplant: \_\_\_\_\_

Donor UNOS ID: \_\_\_\_\_ Donor Match Run: \_\_\_\_\_

Last Visit with Transplant Center: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional comments: