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| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NHS# | | | | | | | | |  | | | | | | | | | | | | | | | |
| Date of diagnosis: | | | | | | | | |  | | | | | | | | | | UKPBC participant | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | PBID: | | | | | | | |  | | | | |
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| Itch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Historical itch | | | | | | ☐Yes ☐No | | | | | | | Score: | | | | | | | |  | | | | | | Current itch | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | Score: | | | | |  | | |
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| Hepatic Decompensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| History of ascites | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, controlled with: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Variceal haemorrhage | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, treatment: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatic encephalopathy | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | Lactulose ☐Yes ☐No | | | | | | | | | | | | | | | | | | | Rifaximin ☐Yes ☐No | | | | | | | | | | | | | | |
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| UDCA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ever taken UDCA? | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | Still taking UDCA? | | | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | |
| Start date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Stop date: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Current/last | | | | | | | | | | | Dose: | | | | | | | | |  | | | | | | | | Frequency: | | | | | | | | |  | | | | | | | | | | Period: | | | | | |  | | | |
| Reason for stopping: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Associated Autoimmune Diseases | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Co-morbidities | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Medications | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | | | | | | | | | | | Dose | | | | | | | | | | | | | | | | | Frequency | | | | | | | | | | | | | | | | | | | Period | | | | | | | | | |
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| Social | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoker | | | | | | | | ☐Yes ☐No | | | | | | | Start year: | | | | | | | | | | |  | | | | | | | Stop year: | | | | | | | | | |  | | | | | | | | #per day: | | | | |  |
| Alcohol | | | | | | | | ☐Yes ☐No | | | | | | | Units per week: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recreational drugs | | | | | | | | ☐Yes ☐No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug name | | | | | | | | | | | Dose | | | | | | | | | | | | | | | | | Number | | | | | | | | | | | | | | | | | | | Period | | | | | | | | | |
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| Lab Results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | | | | Result | | | | | | Date | | | | Test | | | | | | | | | | Result | | | | | | | Date | | | | | | | | | Test | | | | | | | | Result | | | | | | | Date | |
| Bilirubin | | | |  | | | | | |  | | | | ALT | | | | | | | | | |  | | | | | | |  | | | | | | | | | AST | | | | | | | |  | | | | | | |  | |
| ALP | | | |  | | | | | |  | | | | Albumin | | | | | | | | | |  | | | | | | |  | | | | | | | | | Sodium | | | | | | | |  | | | | | | |  | |
| K | | | |  | | | | | |  | | | | Urea | | | | | | | | | |  | | | | | | |  | | | | | | | | | Creatinine | | | | | | | |  | | | | | | |  | |
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| Chol | | | |  | | | | | |  | | | | LDL | | | | | | | | | |  | | | | | | |  | | | | | | | | | HDL | | | | | | | |  | | | | | | |  | |
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| Plt count | | | |  | | | | | |  | | | | INR | | | | | | | | | |  | | | | | | |  | | | | | | | | | PT | | | | | | | |  | | | | | | |  | |
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| AMA | | | |  | | | | | |  | | | | ANA | | | | | | | | | |  | | | | | | |  | | | | | | | | | SMA | | | | | | | |  | | | | | | |  | |
| gp210.Ab | | | |  | | | | | |  | | | | Sp100.Ab | | | | | | | | | |  | | | | | | |  | | | | | | | | | ACA | | | | | | | |  | | | | | | |  | |
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| Other Investigations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fibroscan | | | Date: | | | |  | | | | | Number: | | | | | | | | | |  | | | IQR: | | | | |  | | | | | Median%: | | | | | | | | | |  | | | | | Success%: | | | | | |  |
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| USS | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CT | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biopsy | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MDT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eligible for second line treatment? | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | | | | | | | Justification: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Medication: | | | | |  | | | | | | | Dose: | | | | | |  | | | | | | | | | Frequency: | | | | | | | | |  | | | | | | | | | | Period: | | | | | | |  | | | |
| MDT attendees: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |