**UK-PBC New Therapies MDT
12 Month Referral Form**

**GENERAL**

|  |  |
| --- | --- |
| Name:  | Sex:  |
| DOB:  | NHS number: |
| Weight: | Referrer:  |

1) When was Obeticholic Acid Started?

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

2) What is the current dose of Obeticholic acid?

|  |  |
| --- | --- |
| Dose | Frequency |
|  |  |

3) What are the latest bloods?

**BLOODS WITHIN 4 WEEKS
(PLEASE ATTACH FLOWSHEET IF AVAILABLE, AND ALSO LAB RANGES)**

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| AST: | ALT: | ALP: | Bilirubin: |
| Albumin: | Hb: | Platelets: | INR: |
| Cr: | Ur: | Na: | K: |
| IgM: | IgG:  |  |  |

|  |  |
| --- | --- |
| Cholesterol: | LDL: |
| Triglycerides: | HDL: |

4) Is there a change in pruritus severity?

|  |
| --- |
| Pruritus: |
| Treatment: |

**IS PATIENT KNOWN TO UK-PBC?**

|  |  |
| --- | --- |
| Enrolled in UK-PBC (Y/N) |  |

**MDT TREATMENT OUTCOME**

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

|  |
| --- |
|  |
|  |
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