**UK-PBC New Therapies MDT
Baseline Referral Form**

**GENERAL**

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

**BLOODS WITHIN 8 WEEKS
(PLEASE ATTACH FLOWSHEET IF AVAILABLE, AND ALSO LAB RANGES)**

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

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

**PBC DIAGNOSIS AND RISK STRATIFICATION**

1) When was PBC diagnosed (approximate month/year)?

|  |
| --- |
|  |

2) Is the patient on UDCA (Y/N)?

|  |  |
| --- | --- |
| UDCA (Y/N) | Date Started |
|  |  |

3) If intolerant of UDCA what is nature of intolerance?

|  |
| --- |
|  |
|  |

4) What is the immune serology (Pos/Neg/Not known)?

|  |  |
| --- | --- |
| AMA |  |
| ANA |  |
| SMA |  |
| Gp210 |  |
| Sp100 |  |
| Centromere |  |

5) Do you have the biochemical response to UDCA at 1 year if known

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

6) Does the patient have a significant history of pruritus?

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

7) Associated autoimmune diseases

|  |
| --- |
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|  |

8) Previous treatment episodes, relevant liver biopsies, symptom history and response comments

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|  |

**MOST RECENT ASSESSMENT OF FIBROSIS**

|  |  |
| --- | --- |
| Is patient clinically cirrhotic (Y/N):  | Date of assessment:  |
| Fibro Scan:  | Imaging: |
| Biopsy: |

Does the patient have Child Pugh B or C liver disease?

**CO-MORBIDITIES:**

**(SIGNIFICANT CO-MORBIDITY –ALCOHOL, SMOKING, DRUG USE, VIRAL INFECTION, OTHER RELEVANT COMORBIDITY E.G, IHD, CANCER, ETC)**

|  |  |  |
| --- | --- | --- |
|  | Y/N | Comments |
| Smoking  |  |  |
| Life-limiting cardio-respiratory disease |  |  |
| Life-limiting malignancy |  |  |
| Other |  |  |

**MEDICATION (WITHIN LAST 6 MONTHS):**

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| --- |
|  |

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

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

**MDT TREATMENT OUTCOME:**

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

|  |
| --- |
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