



**CONSULTATION REQUEST FOR:
 Toronto Hepatopulmonary Syndrome Clinic**

Patient Information (or sticker):

Patient Name: _____
 DOB: _____
 Address: _____

 OHIP # _____
 Home Tel.: _____
 Work Tel.: _____

***Please tell patient:**

“We are concerned that your liver disease may be affecting your lungs. You are being referred to a clinic that specializes in determining this, at St. Michael’s Hospital. You will be seen by Dr. Gupta. The clinic team will contact you directly.”

Reason For Referral:

- Suspected hepatopulmonary syndrome (abnormal saturation and/or Aa gradient ≥ 15 and/or $\text{PaO}_2 < 80$ mm Hg)
 - Other liver-lung disease (hepatic hydrothorax/dyspnea NYD/etc.)
- Specify: _____

Investigations: Please check if completed, include report if available

- Chest X-Ray
- Chest CT scan
- Liver biopsy
- Pulmonary Function tests
- Abdominal ultrasound
- Abdominal CT scan
- EGD
- Recent blood work
- Cardiac ECHO
- Arterial blood gas

Referring Physician:

Name	
Billing Number	
Signature	
Fax Number	