



LIVER TUMOUR ROUNDS

Please complete and email to Jordan.Sopena@vch.ca (preferred) or fax Betty at 604-875-4228

Today's Date / Referral Date:		Referring Physician: Dr.	
Discussion Date:		Presenting Physician: Dr.	
Database entry:		Primary Care Physician: Dr.	
		Involved Physicians	MO RO
		HEP	HPB SO
PATIENT INFORMATION		PRIORITY: <input type="checkbox"/> Next Rounds <input type="checkbox"/> Within 1 Month	
Patient Name:		Date of Birth:	City:
PHN:		VGH MRN:	BCCA ID:
PATIENT HISTORY (include HBV/HCV, prior Rx(s), current Rx + duration, contraindications or comorbidities of note)			
Question(s) for LTR to address:			
Images (most recent must be within 3 months)	Date of Images	Location of Images	Date of Bloodwork* (within 1 month): *bolded labs are required
			Bilirubin (T) $\mu\text{mol/L}$
			(D) $\mu\text{mol/L}$
			Albumin g/L
			INR
Previously presented: Yes <input type="checkbox"/> Latest LTR: No <input type="checkbox"/> Unknown <input type="checkbox"/>			Creatinine $\mu\text{mol/L}$
Consult:			Platelets $\times 10^9/\text{L}$
			AFP $\mu\text{g/L}$
			CEA $\mu\text{g/L}$
			CA19-9 kU/L
Plan:			Ascites <input type="checkbox"/>
			Encephalopathy <input type="checkbox"/>
			Child-Pugh
			MELD
Last Consult:		RADIOLOGY USE: <input type="checkbox"/> RAD CONSULT <input type="checkbox"/> RAD CONFERENCE <input type="checkbox"/> FILM INTERPRETATION	