



PATIENT I.D. DATA:
(Name, DOC#, DOB)

LIVER DISEASE MONITORING

Etiology of liver disease:

Facility							
Date							
Interval History							
Bilirubin							
INR							
BUN							
Creatinine							
Albumin							
Platelets							
WBC							
AST							
APRI score							
Ascites? (Yes/No)							
HE? (Yes/No)							
Connect-the-Numbers score							
Variceal bleed? (Yes/No)							
MELD score							
CTP score (class)							
Exam findings?							
EGD date/result							
Liver U/s date/result							

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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Date							
Diet HSR (e.g. low salt, high protein)							
Beta blocker							
Lasix/Spironolactone							
Lactulose/Rifaximin							
Immune Hep A/B							
Plan and follow-up							
Provider initials							

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