Date: [Insert Date]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Hospital/NHS Number: [ID Number]
Address: [Patient Address]

To: [Receiving Clinician Name/GP]
From: [Sponsoring Hepatologist Name/Department]

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1. Primary Hepatological Diagnosis

[e.g., Cirrhosis secondary to NAFLD, Chronic Hepatitis B, Primary Biliary Cholangitis]

2. Current Status and Clinical Summary

MELD/UKELD Score: [Score] (as of [Date])
Child-Pugh Grade: [Grade A/B/C]
Last Fibroscan/Imaging: [Result and Date]

3. Active Complications

- **Portal Hypertension:** [Yes/No - Varices/Ascites/Splenomegaly]
- **Encephalopathy:** [History and current management]
- **HCC Screening:** [Date of last ultrasound/AFP and next due date]

4. Medication Regimen

[List current medications, dosages, and frequency - specifically highlighting diuretics or antivirals]

5. Management Plan and Monitoring Requirements

Blood Monitoring: [Frequency of LFTs, U&Es, FBC, INR]
Imaging Schedule: [Frequency of Ultrasound/MRI]
Endoscopy Schedule: [Date of next surveillance OGD]

6. Reason for Transfer / Actions Required by Primary Care

[Insert specific instructions or reason for transfer of care]

Sincerely,

[Signature]
[Printed Name]
[Title/Consultant Role]
[Contact Information]