

FIBROSCAN ASSESSMENT FORM

FIBROSCAN ASSESSMENT FORM	Patient surname: _____																						
	Patient first name: _____																						
	Date of Birth: _____																						
	Medical record number: _____																						
	Sex: _____																						
	Prison: _____																						
Date of scan: _____																							
Weight	_____	Height	_____																				
Result (a minimum of 10 valid readings is needed)																							
Median stiffness (kPa)	_____	Interquartile range (IQR)	_____																				
IQR/median (%)	_____	Result	F0-F1 <input type="checkbox"/> F2-F3 <input type="checkbox"/> F4 <input type="checkbox"/>																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Absent or mild fibrosis</td> <td style="width: 25%; text-align: center;">Significant fibrosis</td> <td style="width: 25%; text-align: center;">Severe fibrosis</td> <td style="width: 25%; text-align: center;">Cirrhosis</td> </tr> <tr> <td style="text-align: center;">F0-F1</td> <td style="text-align: center;">F2</td> <td style="text-align: center;">F3</td> <td style="text-align: center;">F4</td> </tr> <tr> <td style="text-align: center;"> ----- </td> <td style="text-align: center;"> ----- </td> <td style="text-align: center;"> ----- </td> <td style="text-align: center;"> ----- </td> </tr> <tr> <td style="text-align: center;">2.5kPa</td> <td style="text-align: center;">7.5kPa</td> <td style="text-align: center;">9.5kPa</td> <td style="text-align: center;">13.0kPa</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">20.0kPa+</td> </tr> </table>				Absent or mild fibrosis	Significant fibrosis	Severe fibrosis	Cirrhosis	F0-F1	F2	F3	F4	-----	-----	-----	-----	2.5kPa	7.5kPa	9.5kPa	13.0kPa				20.0kPa+
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Signatures																							
Practitioner name:	_____																						
Prescriber position:	_____																						
Prescriber signature:	_____																						
Date:	_____																						