

Patient Referral Form

Individuals with risk factors for Non-Alcoholic Steatohepatitis (NASH)



Please complete and send this form to:

Name: Debbie Clark

Institution: The National Diabetes and Obesity Research Institute

Phone: 228-831-8764

Email: dclark@ndori.org

Fax: 228-200-5650

Study Coordinator: Abby Perkins

This patient is at risk for NASH:

Patient Name:

Patient Phone:

Yes No

Does the patient have a histological confirmation of NASH based upon a liver biopsy within the past 6 months? Note: Liver biopsy can be done at the screening visit.

- NASH Activity Score (NAS) \geq 4 and NASH CRN fibrosis score of Stage 2 or 3
- No history of evidence of chronic liver diseases other than NASH

Yes No BMI \geq 30 kg/m²

Yes No Elevated Liver Enzymes (AST $>$ 20 U/L)

Yes No Metabolic Syndrome

Yes No Type 2 Diabetes

Yes No Hypertension

Yes No Dyslipidemia

Yes No Fatty Liver on US

Please provide your contact information below:

Name:

Institution:

Address:

City:

State:

Zip:

Phone:

Email: