

NAME OF THE HOSPITAL: \_\_\_\_\_

7). Cirrhosis With Hepato Renal Syndrome: M14V1.15

1. Name of the Procedure: Cirrhosis With Hepato Renal Syndrome
2. Indications: Hepato Renal Syndrome with or without G.I bleeding
3. Did the patient present with Hematemesis/ Malena/ Altered Sensorium/ Decreased urine output/ Abdominal distention/ Abdominal Pain/ Jaundice: Yes/No
4. If the answer to question 3 is Yes is there evidence of Hepato Renal Syndrome & are the following tests being done- Liver profile, Hemogram, Ultrasound, Electrolytes & Creatinine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, are the following tests being done- Upper or Lower GI Endoscopy/ Ascitic fluid analysis: Yes/No (Upload reports)

For Eligibility for Cirrhosis With Hepato Renal Syndrome the answer to question 5 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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