Hepatitis C Health Summary

Name: _____

DOB: _____

Phone #: _____

Alternate Contact: _____

Medications[2]:

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

Allergies:

_____

_____

Labs Prior to Treatment:

Immediately prior: □ Pregnancy test
□ Uric Acid (ribavirin only)

Within 1 month: □ CBC with differential
□ CMP (If GFR <30, do not start tx [1])
□ PT/INR

Within 3 months: □ HCV RNA
□ Genotype confirmation

Within 6 months: □ AFP
□ TSH
□ A1C or Fasting Glucose
□ Vitamin D 25OH

Within 1 year: □ HIV screening

Pertinent Medical History:

Previous hepatitis C treatment[1] □ Yes □ No
Specify: _____

Cirrhosis[1] □ Yes □ No
Child-Pugh Score: _____

Other Liver Disease[1] □ Yes □ No
Specify: _____

Pulmonary Disorders[1] □ Yes □ No
Specify: _____

Cardiac Disease[2] □ Yes □ No
Specify: _____

DVT or PE[1] □ Yes □ No
Specify: _____

PPI/H2 blocker/Antacid use[2] □ Yes □ No
Specify: _____

Autoimmune Disorders[2] □ Yes □ No
Specify: _____

Cancer □ Yes □ No
Specify: _____

Current infection[1] □ Yes □ No
Specify: _____

High Blood Pressure[3] □ Yes □ No

High Cholesterol[3] □ Yes □ No

Kidney Disease[2] □ Yes □ No

Anemia[1, 2] □ Yes □ No

Current TB Treatment[2] □ Yes □ No

Diabetes[3] Specify Type 1 or 2 □ Yes □ No

HIV or AIDS[1] □ Yes □ No

Seizure Disorder[2] □ Yes □ No

Depression/Anxiety[4] □ Yes □ No

Other Psychiatric Conditions[4] □ Yes □ No
Specify: _____

Screen & Review: AUDIT-C ___ PHQ-9 ___

Vaccine Status: Hepatitis A ___ Hepatitis B ___

Other vaccines as appropriate:
- □ Flu (annually)
- □ PCV-13 (≥ age 65 or immunosuppressed)
- □ PPSV-23 (≥ age 50 AN/AI in AK or high risk)
- □ Td (once every 10 years) **OR** Tdap (once)
- □ Zoster (≥ age 60)

□ ECG (over age 65 or h/o cardiac disease)

□ Stress Test (h/o cardiac disease, prior to *PEG or ribavirin)

Birth Control:

Females: LMP: _____ Pregnant □ Yes □ No
Birth Control Methods: _____

Males: Is your partner pregnant? □ Yes □ No
Birth Control Methods: _____

1- Consult Liver Disease Specialist
2- Check drug interactions to treatment drugs. Further evaluation as indicated.
3- If treatment includes peginterferon complete dilated retinal exam if patient has HTN, HLD, DM, or h/o retinal disease.
4- If treatment includes peginterferon complete Mental Health Evaluation & Clearance if h/o depression or other psychiatric conditions.

***PEG=pegylated interferon**