

# Hepatitis C Health Summary

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

## Medications<sup>2</sup>:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 <sup>1</sup>)  
 PT/INR  
 HCV RNA
- Within 3 months:  Genotype confirmation  
 HBV DNA (if HBV cAb or sAg +)
- Within 6 months:  AFP  
 TSH  
 A1C or Fasting Glucose  
 Vitamin D 25OH
- Within 1 year:  HIV screening  
 NS5A RAV (genotype 3 only)
- Once:  IL-28b (if considering 8 weeks)

## Pertinent Medical History:

- Previous hepatitis C treatment<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cirrhosis<sup>1</sup>  Yes  No  
Child-Pugh Score: \_\_\_\_\_
- Other Liver Disease<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Pulmonary Disorders<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cardiac Disease<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- DVT or PE<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- PPI/H2 blocker/Antacid use<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- Autoimmune Disorders<sup>2</sup>  Yes  No  
Specify: \_\_\_\_\_
- Cancer  Yes  No  
Specify: \_\_\_\_\_
- Current infection<sup>1</sup>  Yes  No  
Specify: \_\_\_\_\_
- High Blood Pressure  Yes  No
- High Cholesterol  Yes  No
- Kidney Disease<sup>2</sup>  Yes  No
- Anemia<sup>1,2</sup>  Yes  No
- Current TB Treatment<sup>2</sup>  Yes  No
- Diabetes Specify Type 1 or 2  Yes  No
- HIV or AIDS<sup>1</sup>  Yes  No
- Seizure Disorder<sup>2</sup>  Yes  No
- Depression/Anxiety  Yes  No
- Other Psychiatric Conditions  Yes  No  
Specify: \_\_\_\_\_

**Screen & Review:** AUDIT-C \_\_\_ PHQ-9 \_\_\_

Vaccine Status (give if needed):

Hepatitis A \_\_\_ (If unknown, check hep A total IgG)

Hepatitis B \_\_\_ (If unknown, check HBsAg & HBsAb)

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)

**Birth Control:** Birth Control Methods: \_\_\_\_\_

Females: LMP: \_\_\_\_\_ Pregnant  Yes  No

Males: Is your partner pregnant?  Yes  No

Counsel about pregnancy prevention (see Treatment Agreement)

Hepatitis C Treatment Agreement reviewed and signed

1- Further evaluation as indicated; consult Liver Disease Specialist prior to treatment.

2- Check drug interactions to treatment drugs. Further evaluation as indicated.