DOB: _____ **Health Summary** **Date:** _____

MRN: _____

Name: _____

Local Clinic: _____

Phone #: _____ Is text okay? ___

Alternate Contact: _____

Medications[2]:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Checked DRUG interactions □ Yes □ No

Allergies: _____

_____

Before Treatment: □ PCP Notified □ Fibroscan ___

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

Within 1 month: □ CBC with differential
□ CMP
□ PT/INR
□ HCV RNA

Within 3 months: □ Genotype confirmation
□ HBV DNA (if HBcAb +)

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

Within 1 year: □ HIV screening

Once: □ IL-28b (GT 1 only)
□ HBcAb & HBsAg
□ NS5a RAS (GT3 failed prior tx or cirrhotic & treating with Epclusa)

Tx Regimen: _____

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/DVT/PE[1,2] □ Yes □ No
Specify: _____
Taking Amiodarone? □ Yes □ No

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

Autoimmune Disorders[2] / Organ Transplant[2]
□ Yes □ No
Specify: _____

Cancer □ Yes □ No
Specify: _____

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

High Blood Pressure □ Yes □ No

High Cholesterol Medication?[2] □ Yes □ No

Kidney Disease[2] □ Yes □ No

Anemia[1, 2] □ Yes □ No

Current TB Treatment[2] □ Yes □ No

Diabetes Specify Type 1 or 2 □ Yes □ No

HIV or AIDS[1] □ Yes □ No

Seizure Disorder[2] □ Yes □ No

Mental Health Conditions □ 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 or high risk)
□ Td (once every 10 years) **OR** Tdap (once)
□ Zoster (≥ age 60)

Birth Control Methods: _____

Females: LMP: _____ Pregnant? □ Yes □ No

Males: Partner pregnant? (ribavirin only) □ Yes □ No

Any upcoming events which might prevent you from completing HCV treatment? □ **Yes** □ **No**

Insurance status: _____

1- Further evaluation as indicated; consult Liver Disease Specialist prior to treatment.
2- Check drug interactions to treatment drugs. Further evaluation as indicated.