

# Hepatitis C Treatment Health Summary

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checked DRUG interactions  Yes  No

## 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

Within 1 year:  HIV screening

NS5a RAS (GT3 failed prior tx or cirrhotic & treating with Eplusa)

FibroSure, FibroTest, FibroSpect, or FibroScan

(calculate Child-Pugh if cirrhotic)

Once:  HBV cAb

## 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/DVT/PE<sup>1,2</sup>  Yes  No

Specify: \_\_\_\_\_

Taking Amiodarone?  Yes  No

PPI/H2 blocker/Antacid use<sup>2</sup>  Yes  No

Specify: \_\_\_\_\_

Autoimmune Disorders<sup>2</sup> / Organ Transplant<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 Medication?<sup>2</sup>  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

Mental Health 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)

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

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

Males: Partner pregnant? (ribavirin only)  Yes  No

Counsel about pregnancy prevention (see Treatment Information Packet)

HCV Treatment Attestation reviewed and signed

HCV Treatment Information Packet reviewed

Insurance status: \_\_\_\_\_

**If advanced fibrosis or cirrhosis- continue with AFP & RUQ US q 6months to screen for liver cancer**

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

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