

## 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 3 months:  CBC
- CMP (if GFR <30, consult<sup>1</sup>)
  - PT/INR
  - HCV RNA
  - Genotype confirmation
  - HBV DNA (if HBV cAb or sAg +)
- Within 6 months:  AFP
- A<sub>1</sub>C or Fasting Glucose (as appropriate)
- Within 1 year:  HIV screening
- NS5a RAS (previous DAA tx failure or cirrhotic (F4) & treating with Epclusa)
  - FibroSure, FibroTest, FibroSpect, or FibroScan (calculate Child-Pugh if F3 or F4/cirrhotic)
- Once:  HBV cAb & sAg

**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)
- Recombinant Zoster (≥ age 50)

**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.