

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

# Health Summary

Date: \_\_\_\_\_

MRN: \_\_\_\_\_

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

Local Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Is text okay? \_\_\_\_\_

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

Medications<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checked DRUG interactions  Yes  No

Allergies: \_\_\_\_\_

**Before Treatment:**  PCP Notified  Fibroscan \_\_\_\_\_

Immediately prior:  Pregnancy test

Uric Acid (with ribavirin)

Within 3 months:  CBC

HBV DNA (if HBcAb+)<sup>3</sup>

HCV RNA

LFT & eGFR<sup>1</sup>

PT/INR

Within 6 months:  AFP

Within 1 year:  Vitamin D 25OH (consider

& treat if deficient)

HCV GT if pangenotypic

regimen is planned (more recent

if indicated)

HIV screening

A1C or Fasting Glucose

Once:  HBcAb & HBsAg

NS5a RAS (prior DAA tx failure

or if cirrhotic & treating with

Eplclusa)

Tx Regimen: \_\_\_\_\_

## 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: 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)

Recombinant Zoster (≥ age 50)

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

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

No ethinyl estradiol BC if Mavyret planned

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

3- Hep B: If cAb+ & HBV DNA detected pre-treatment **OR** if Hep B carrier (sAg+) **OR** seroconverted carrier, check HBV DNA monthly during treatment & 3 months after treatment. If HBV DNA negative pre-treatment & not a carrier, check again only at end of treatment.