

DOB: _____

Health Summary

Date: _____

MRN: _____

Name: _____

Local Clinic: _____

Phone #: _____ Is text okay? _____

Alternate Contact: _____

Medications¹: _____

Checked DRUG interactions Yes No

Allergies: _____

Before Treatment: PCP Notified Fibroscan _____

Immediately prior: Pregnancy test

Uric Acid (with ribavirin)

Within 3 months: CBC

LFT & eGFR²

HBV DNA (if HBcAb+)³

HCV RNA

PT/INR

Within 6 months: AFP

Within 1 year: Vitamin D 25OH (consider & treat if deficient)

HCV GT if non-pan-genotypic 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 treatment¹ Yes No
Specify: _____

Cirrhosis¹ Yes No

Child-Pugh Score: _____

Other Liver Disease¹ Yes No

Specify: _____

Pulmonary Disorders¹ Yes No

Specify: _____

Cardiac Disease/DVT/PE^{1,2} Yes No

Specify: _____

Taking Amiodarone? Yes No

PPI/H2 blocker/Antacid use² Yes No

Specify: _____

Autoimmune Disorders² / Organ Transplant² Yes No

Specify: _____

Cancer Yes No

Specify: _____

Current infection¹ Yes No

Specify: _____

High Blood Pressure Yes No

High Cholesterol Medication?² Yes No

Kidney Disease² Yes No

Anemia^{1, 2} Yes No

Current TB Treatment² Yes No

Diabetes Specify Type 1 or 2 Yes No

HIV or AIDS¹ Yes No

Seizure Disorder² 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- Check drug interactions to treatment drugs. Further evaluation as indicated

2- Further evaluation as indicated; if ribavirin is planned consult Liver Disease Specialist prior to treatment.

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.