

Name: _____

DOB: _____ Phone #: _____

Alternate Contact: _____

Medications¹:

Checked DRUG interactions Yes No

Allergies: _____

Labs Prior to Treatment:

Immediately prior: Pregnancy test

Uric Acid (ribavirin only)

Within 3 months: CBC

LFT & eGFR²

HCV RNA

HBV DNA (if HBV cAb or sAg +)³

PT/INR

Within 6 months: AFP

Within 1 year: A₁C or Fasting Glucose

HIV screening

HCV GT if non-pan-genotypic regimen is planned (more recent if indicated)

FibroSure, FibroTest, FibroSpect, or FibroScan (calculate Child-Pugh if F3 or F4/cirrhotic)

Once: HBV cAb & sAg

NS5a RAS (prior DAA tx failure or cirrhotic (F4) & treating with Eplclusa)

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?² 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 (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 Form reviewed

Insurance status: _____

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

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