

# HCV Screening/Initial Presentation



MOLINA CASE: Yes / No

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Presentation Date: \_\_\_\_\_ Site: \_\_\_\_\_ Clinician: \_\_\_\_\_

Name/ECHO ID : \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender : M/F

Main Question: \_\_\_\_\_

Race: American Indian, Alaska Native / Asian / Black, African American / Native Hawaiian, Pacific Islander / White

Hispanic or Latino : Yes / No

No. of full years completed in school: \_\_\_\_\_

### Suspected Route of HCV Transmission (check all that apply)

- Current or former injection drug user (even once)
- Recipient of clotting factor concentrates made before 1987
- Blood transfusion or solid organ transplant before July 1992
- Needlestick injury in healthcare setting
- Birth to an HCV-infected mother
- Sex with an HCV infected person
- Sharing contaminated personal items, such as razors or tooth brushes with an HCV infected person
- Unprofessional tattoo
- Unknown
- Other: \_\_\_\_\_

### Medical Diagnoses (check all that apply)

- HCV - Date Of Diagnosis: \_\_\_\_\_
- Coronary Artery Disease
- Diabetes Mellitus - Baseline ophthalmologic exam for retinopathy needed within the last 12 months
- Hypertension
- Cerebrovascular Disease - Last CVA Date: \_\_\_\_\_
- Peripheral Vascular Disease
- Hyperlipidemia
- Hyperthyroidism
- Hypothyroidism
- Autoimmune Disease – Type: \_\_\_\_\_
- Chronic Renal Insufficiency
- Asthma
- COPD
- Chronic Pain
- Peripheral Neuropathy
- Seizure Disorder
- Brain Injury
- HIV/AIDS
- Cancer – Date and Type: \_\_\_\_\_; Type of treatment: Chemotherapy / Surgery / Radiation
- Solid Organ Transplant
- Gout
- Other: \_\_\_\_\_

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### Liver Related History (check all that apply)

- Chronic Hepatitis B
- Cirrhosis
- Ascites
- Esophageal Varices - Upper GI bleed secondary to varices? Yes/No Date: \_\_\_\_\_
- Hepatic Encephalopathy
- Previous Hep C Treatment – Date, Drug regimen, and tx duration: \_\_\_\_\_
- Liver biopsy

### Miscellaneous History

Patient or partner planning pregnancy: Yes / No

Patient or partner using contraception: Yes / No / NA ; Type(s) Of Contraception: \_\_\_\_\_

### Hepatitis Immunity/ Vaccinations (check all that apply)

- Hepatitis B: Immune / Vaccinated - Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_
- Hepatitis A: Immune / Vaccinated - Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_
- Pneumovax - Date: \_\_\_\_\_
- Influenza - Date(s) : \_\_\_\_\_

### Psychiatric Diagnoses (check all that apply)

- Depression - On medication? Yes / No
- Anxiety - On medication? Yes / No
- Mania/Hypomania - On medication? Yes / No
- Suicidal behavior/Self harm - No. of attempts: \_\_\_\_\_ Date of last attempt: \_\_\_\_\_
- Hospitalization for psychiatric reasons - Date of last hospitalization: \_\_\_\_\_
- Undergoing psychotherapy/counseling

CESD Score: \_\_\_\_\_

### Substance Use History

**Alcohol** (One standard drink = 12 oz. beer, 5 oz. wine, or 1.5 oz. of 80-proof spirits)

Does patient drink alcohol currently? Yes / No Date of last drink: \_\_\_\_\_

Number of days per week that patient drinks: \_\_\_\_\_

Number of drinks patient has on a typical drinking day: \_\_\_\_\_

If non-drinker, has the patient *ever* had a drinking problem in past? Yes / No Date of last drink: \_\_\_\_\_

Before quitting, number of days per week that patient drank: \_\_\_\_\_

Before quitting, number of drinks patient had on a typical drinking day: \_\_\_\_\_

Is patient currently involved in counseling or support group for alcohol use? Yes / No

### Drugs (other than alcohol)

Does patient use drugs other than alcohol currently? Yes / No

Drug most often used currently: Opiates / Stimulants / Benzodiazepines / Marijuana / Other: \_\_\_\_\_

Other drugs used currently:  Opiates  Stimulants  Benzos  Marijuana  Other: \_\_\_\_\_

Does patient ever inject drugs? Yes / No

If non-drug user, has patient *ever* had a problem with drugs other than alcohol? Yes / No Last use: \_\_\_\_\_

Before quitting, drug most often used: Opiates / Stimulants / Benzos / Marijuana / Other: \_\_\_\_\_

Before quitting, other drugs used:  Opiates  Stimulants  Benzos  Marijuana  Other: \_\_\_\_\_

Is patient currently involved in counseling or support group for drug use other than alcohol use? Yes / No

Has patient ever smoked cigarettes? Yes / No; Current Smoker? Yes / No Date of last use: \_\_\_\_\_

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Drug-Related Allergies: \_\_\_\_\_

Current Medications: (Please include dosage)


Current Vital Signs – Date of Encounter: \_\_\_\_\_

Temp	BP	PR	Resp	Height	Wt	BMI

### Physical Exam

Dentition: Not Examined / Normal / Abnormal \_\_\_\_\_

Cardiac: Not Examined / Normal / Abnormal \_\_\_\_\_

Pulmonary: Not Examined / Normal / Abnormal \_\_\_\_\_

Abdomen:  Ascites  Hepatomegaly  Splenomegaly

Skin:  Spider angiomata  Jaundice  Rash \_\_\_\_\_  Edema \_\_\_\_\_

Other abnormal findings: \_\_\_\_\_

### Imaging

Type <small>Ultrasound/CT/MRI</small>	Date	Findings <small>( Normal / Hepatomegaly / Liver Mass / Splenomegaly / Consistent with fatty infiltration / Ascites )</small>

Current Labs - Date of Draw: \_\_\_\_\_

WBC		ALT (SGPT)		AFP	
Neuts		AST (SGOT)		Ceruloplasmin	
ANC		Alk Phos		ANA	
HGB		T. Bili		Cholesterol	
HCT		Total Prot		Fe	
Platelets		Albumin		TIBC	
Creatinine		Protime		Ferritin	
Glucose		INR		HIV Ab	
Uric Acid		HCV Genotype		Vitamin D 25-OH	
TSH		HCV Viral Load		Other _____	

### Proposed Treatment Plan