

## HEPATITIS C CLINICAL ASSESSMENT FORM

<b>HEPATITIS C CLINICAL ASSESSMENT</b>		Patient surname: _____	
		Patient first name: _____	
		Date of Birth: _____	
		Medical record number: _____	
		Sex: _____	
		Prison: _____	
Earliest release date: _____			
Current injecting drug use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Current opioid pharmacotherapy	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Intercurrent conditions</b>			
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Obesity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>	HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Laboratory results</b>			
<b>Test</b>	<b>Date</b>	<b>Result</b>	
HCV RNA			
ALT			
AST			
Bilirubin			
Albumin			
Creatinine			
eGFR			
Haemoglobin			
Platelet count			
INR			
HBsAg			
Pregnancy			
<b>Liver fibrosis assessment</b>			
<b>Test</b>	<b>Date</b>	<b>Result</b>	
Fibroscan		F0-F1 <input type="checkbox"/>	F2-F3 <input type="checkbox"/> F4 <input type="checkbox"/>
Other (e.g. APRI)			
<b>Current medications</b>			
Medication name			
<b>Drug-drug interactions</b> (check at: <a href="http://www.hep-druginteractions.org">http://www.hep-druginteractions.org</a> )			
I have checked for potential drug–drug interactions with current medications Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Hepatitis C treatment</b>			
Suitable for treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Regimen prescribed</b>		<b>Duration</b>	
Suitable for self-medication? (refer to risk assessment tool) Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Signatures</b>			
Prescriber name:			
Prescriber position:			
Prescriber signature:			
Date:			