HBV

Initial Non-Pregnant Adult Presentation Form

**Presentation date: Site: Clinician:**

General Information/Demographics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Presentation ID:** |  | **Year of birth:** | **Gender:** | Male | Female |
| **Race:** Black Mixed Ancestory AsianWhite | Country of Birth: |
| Height: | in | cm |  |  |  | BMI: |
| Weight: |  |  |  | kg |

Additional relevant case history:

Household/Family

|  |  |
| --- | --- |
| Total number of people in household: | Household members referred for testing/vaccination? Yes No |
| HBV status of other household members: | (#) Known HBsAg (+): | (#) Known HBV vaccinated: |
| (#) HBV status unknown or unvaccinated: |

Medical Diagnoses (Check all that apply)

|  |  |  |
| --- | --- | --- |
| HBV year of diagnosis: | Family Hx of liver cancer or cirrhosis: | Yes No |
| Patient currently on HBV treatment Date Started:Drug Regimen: | Patient previously on HBV treatment Drug Regimen:Duration of treatment in weeks: Reason for stopping: | End of treatment date: |
| Cirrhosis Any evidence o | f decompensation: Ascites Variceal bleed | Hepatic encephalopathy |
| Liver biopsy year: | Results: |
| Fibroscan: CAP | KPa |  |
| Hepatocellular Carcinoma | Year of diagnosis: |  |
| HIV | NASH | Renal insufficiency |
| Solid Organ Transplant | Year: | Organ transplanted: |
| Other: |

Current Medications: (Please include dosage)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medication Name | Dosage | Frequency |  | Medication Name | Dosage | Frequency |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Herbal/Supplemental/Traditional Medicine

Description:

Viral Hepatitis Status

|  |  |
| --- | --- |
|  | **Hepatitis Testing (not all tests are required for every patient)** |
|  | **Date** | **Result** | **Date** | **Result** |  | **Date** | **Result** | **Date** | **Result** |
| **HBsAg** |  | **(+)****(-)** |  | **(+)****(-)** | **Anti-HBs****Titer** |  |  | **Anti-****HAV** |  | **(+)****(-)** |
| **HBeAg** |  | **(+)****(-)** |  | **(+)****(-)** | **Anti-HBc** |  | **(+)****(-)** | **HCV****Ab** |  | **(+)****(-)** |
| **HBV DNA** |  | *IU* |  | *IU* | **Anti-HBe** |  | **(+)****(-)** | **HCV****Genotype** |  |  |
|  | **HBV****Genotype** |  |  | **HCV RNA** |  |  |
| **HBV****Mutation** | **Date:** | **Result:** | **Anti-HDV** |  | **(+)****(-)** |
| **HBV Drug Resistance** | **Date:** |  |  |  |
| **Result:** |
| **HIV** | **Date:** | **Result:** |

Laboratory

|  |
| --- |
|  |
| **Laboratories** |
| **Date of studies:** |
| **WBC** | *x 109/L* |  | **Total Protein** | *g/L* |  | **T. Bili** | *umol/L* |
| **HGB** | *g/dL* | **Albumin** | *g/L* | **Direct Bili** | *umol/dL* |
| **HCT** | *%* | **ALT** | *U/L* | **CRP** | *mg/L* |
| **Platelets** | *x 109/L* | **AST** | *U/L* | **PT** | *s* |
| **Creatinine** | *umol/L* | **GGT** | *U/L* | **INR** |  |
| **Glucose** | *g/dL* | **Alk Phos** | *U/L* | **AFP** | *ng/dL* |

Diagnostic Studies (Ultrasound, EGD, CT/MRI, Elastography)

|  |  |  |
| --- | --- | --- |
| **Test** | **Date** | **Result** |
| **APRI** |  |  |
| **Ultrasound 1** |  | Normal Splenomegaly | Hepatomegaly Ascites | Consistent with fatty infiltration Portal vein Liver Mass |
| **Ultrasound 2** |  | Normal Splenomegaly | Hepatomegaly Ascites | Consistent with fatty infiltration Portal vein Liver Mass |
| **Ultrasound 3** |  | Normal Splenomegaly | Hepatomegaly Ascites | Consistent with fatty infiltration Portal vein Liver Mass |
|  |  |  |
| **Elastography** |  | **CAP score:** | **KPa:** |  |
| **Upper Endoscopy** |  | Normal VaricesStigmata of bleeding | Grade 1 | Grade 1 | Grade 2 | Grade 3 |
| **CT Scan** |  | NormalSplenomegaly | HepatomegalyAscites | Consistent with fatty infiltrationPortal vein Liver Mass |
| **MRI** |  | NormalSplenomegaly | HepatomegalyAscites | Consistent with fatty infiltrationPortal vein Liver Mass |

Primary questions about this case?