**HBV**

**Initial Pregnant Adult Presentation Form**

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

# Demographics / General Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation ID :** |  | **Year of birth:**  | **Country of birth:** |
| **Race:** [ ]  Black [ ]  Asian [ ]  Mixed Ancestry [ ]  White |
| **Height:** [ ]  cm | **Weight:** [ ]  kg | **BMI:** |
| **HBV Year of Diagnosis:** | **Household members referred for testing/vaccination?** **[ ]** Yes [ ]  No |
| **Est. Delivery Date:**  | **[ ]** Singlet **[ ]** Twin **[ ]** Triplet+ | Prior pregnancy: G: P: |
| **On Antiviral therapy :** [ ]  | **Tenofovir** [ ]  **Dose** | **Lamivudine** [ ]  **Dose** |
| **HBV Virally suppressed at antenatal booking: Yes** [ ]  **No** [ ]  **HBV DNA** **at antenatal booking:** U/L |
| **When did patient engage in antenatal care:**  |
| **HBV Workup/Treatment Prior to and During Pregnancy:** |

# Other Relevant History

|  |
| --- |
|  |

**Current Medications/ Herbal/Supplemental/Traditional Medicine:**

|  |  |  |
| --- | --- | --- |
| **Medication Name** |  | **Medication Name** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Viral Hepatitis Status

|  |  |  |
| --- | --- | --- |
|  | **Hepatitis Testing (not all tests are required for every patient)** |  |
|  | **Date** | **Result** | **Date** | **Result** |  | **Date** | **Result** | **HBV DNA Dates** | **Results** |
| **HBsAg** |  | **[ ] (+) [ ] (-)** |  | **[ ] (+) [ ] (-)** | **Anti-HBs Titer** |  |  |  | *IU* |
| **HBeAg** |  | **[ ] (+)****[ ] (-)** |  | **[ ] (+) [ ] (-)** | **Anti-HBc** |  | **[ ] (+) [ ] (-)** |  | *IU* |
| **HIV** |  | **[ ] (+) [ ] (-)** |  |  | **Anti-HBe** |  | **[ ] (+) [ ] (-)** |  | *IU* |
| **HBV DNA on Antiviral:** |  | *IU* |

# Laboratory (not all required for every patient)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Dates** |  |  | **Dates** |  |  | **Dates** |
|  |  |  |  |  |  |  |  |  |  |  |
| **WBC** |  |  | *x109/L* |  | **TP** |  |  | *mg/dL* |  | **T. Bili** |  |  | *umol/L* |
| **HGB** |  |  | *mg/dL* | **Alb** |  |  | *mg/dL* | **D. Bili** |  |  | *umol/L* |
| **HCT** |  |  | *%* | **ALT**  |  |  | *U/L* | **CRP** |  |  | *mg/L* |
| **Plt** |  |  | *x109/L* | **AST** |  |  | *U/L* | **PT** |  |  | *sec* |
| **Creat** |  |  | *umol/L* | **GGT** |  |  | *U/L* | **INR** |  |  |  |
| **Glu** |  |  | *mg/dL* | **ALP** |  |  | *U/L* | **AFP** |  |  | *ng/dL* |
| **Other** |  |  |  |  | **Other** |  |  |  |  | **Other** |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Test** | **Date**  | **Result** |
| Ultrasound |  | [ ]  Normal [ ]  Hepatomegaly [ ]  Consistent with fatty infiltration[ ]  Splenomegaly [ ]  Ascites [ ]  Liver mass[ ]  Portal vein flow |
| Fibroscan |  | CAP score KPa |
| Upper Endoscopy |  | [ ]  Normal Varices [ ]  Grade 1 [ ]  Grade 1 [ ]  Grade 2 [ ]  Grade 3Varices [ ]  Stigmata of bleeding |
|  |  |  |
|  |  |  |
|  |  |  |

# Pregnancy Outcome/Post-Partum Status/Breastfeeding (if applicable)

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|  |

# Primary questions about this case?

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