**HCV**

**Initial Presentation Form**

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

# General Information/Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation ID**  |  | **Year of Birth:**  | **Gender:** [ ]  Male [ ]  Female |
| **Ethnicity:** | Other: | **Race:** [ ]  Black [ ]  White [ ]  Mixed Ancestry [ ]  Indian/Asian | **HCV Genotype:** |

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

|  |  |  |
| --- | --- | --- |
| [ ]  Recipient of clotting factor concentrates | [ ]  Blood transfusion or solid organ transplant | [ ]  Needlestick injury in healthcare setting |
| [ ]  Hemodialysis | [ ]  Birth to HCV-infected mother | [ ]  Sharing contaminated personal items with HCV-infected person |
| [ ]  Sex with HCV-infected person | [ ]  Non-professional tattoo | [ ]  Cosmetic transmission (manicure, barber, etc.) |
| **[ ]** Current or former injection drug user (even once) If yes, injection drug use in the last 12 months? **[ ]** Yes **[ ]** No  | **[ ]** Other invasive medical proceduresType: |
|  [ ]  Other: | [ ]  unknown |

#  Additional relevant case history:

# Medical Diagnoses (Check all that apply)

|  |  |
| --- | --- |
| HCV Year of diagnosis: | [ ]  Hepatocellular Carcinoma Year of Diagnosis: |
| [ ]  Cirrhosis Evidence of decompensation: [ ]  Ascites [ ]  Variceal bleed [ ]  Hepatic encephalopathy  | [ ]  Previous HCV TreatmentYear: Previous Drug Regimen: Duration of treatment in weeks: Response: --------------------------------------------------------------------------------------------Year: Previous Drug Regimen: Duration of treatment in weeks: Response: |
| [ ]  Liver Biopsy  |  Year: Results: |
| **Known extrahepatic manifestations** | [ ]  Cryoglobulinemia | [ ]  Vasculitis | [ ]  Membranoproliferative Glomerulonephritis |
| [ ]  Membranous Nephropathy | [ ]  Lichen Planus | [ ]  Porphyria Cutanea Tarda |
| [ ]  B Cell Non-Hodgkin Lymphoma | [ ]  Multiple Myeloma | [ ]  Other: |
| [ ]  Asthma | [ ]  Brain Injury | [ ]  Chronic Pain | [ ]  COPD |
| [ ]  Diabetes Mellitus | [ ]  Hepatitis B, chronic | [ ]  Hepatitis D | [ ]  HIV |
| [ ]  Hypertension | [ ]  Peripheral Neuropathy | [ ]  Renal Insufficiency | [ ]  Seizure Disorder |
| [ ]  Coronary Artery Disease | [ ]  Other:  |
| [ ]  Auto Immune Disease Type of disease:  |
| [ ]  Cancer Year: Type of Cancer:  |
| [ ]  Solid Organ Transplant Year: Organ transplanted:  |

# Hepatitis Immunity

|  |  |  |  |
| --- | --- | --- | --- |
| **Immunity** | **Yes** | **No** | **Description** |
| Is patient immune to hepatitis A? | **[ ]**  | **[ ]**  | **[ ]  Vaccination [ ] Anti-HAV Reactive** |
| Is patient immune to hepatitis B? | **[ ]**  | **[ ]**  | **[ ]  Vaccination [ ]  HBsAg Reactive [ ] Anti-HBs Reactive [ ] Anti-HBc Reactive** |

# Psychiatric Diagnosis

|  |  |  |
| --- | --- | --- |
|  **Psychiatric Diagnosis** | **Yes** | **Description** |
| Depression  | **[ ]**  | If yes, is patient on medication for depression? **[ ]** Yes **[ ]** No  |
| Anxiety | **[ ]**  | If yes, is patient on medication for anxiety? **[ ]** Yes **[ ]** No  |
| Mania/Hypomania | **[ ]**  | If yes, is patient on medication for Mania/Hypomania? **[ ]** Yes **[ ]** No  |
| Any other psychiatric information:  |  |

# Substance Use History

|  |  |  |  |
| --- | --- | --- | --- |
| **Substance Use History** | **Yes** | **No** | **Description/Comments** |
| Does patient currently drink alcohol? | **[ ]**  | **[ ]**  | If no, has the patient ever had a drinking problem? **[ ]** Yes **[ ]** No Date of last drink:  |
| Does patient currently use drugs other than alcohol? | **[ ]**  | [ ]  | [ ]  Opiates [ ]  Benzodiazepines [ ]  Marijuana [ ]  Stimulants (cocaine, amphetamine, etc.)[ ]  Other:  |
| Is patient on opiate substitution therapy? | **[ ]**  | **[ ]**  | If yes, check all that apply:[ ]  methadone [ ]  buprenorphine |
| Does patient smoke cigarettes? | **[ ]**  | **[ ]**  |  |

**Current Medications: (Please include dosage)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI:** | Height: cm | Weight: kg | BMI: |

# Laboratory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Basic Laboratories** | **Date** |  | **(DD/MM/YYYY)** |  |  |
| **RBC** | *x109/L* |  |  | **PT** | *s* |  |
| **WBC** | *x1012/L* |  | **INR** |  |  |
| **ANC** |  |  | **Albumin** | *g/L* |  |
| **HGB** | *g/dL* |  | **ALT**  | *U/mL* |  |
| **HCT** | *L/L* |  | **AST** | *U/mL* |  |
| **Platelets** | *x109/L* |  | **GGT** | *U/mL* |  |
| **ESR** | *mm/hr* |  | **Alk Phos** | *U/mL* |  |
| **Creatinine** | *μmol/L* |  | **T. Bili** | *μmol/L* | *mg/dL* |
| **Glucose** | *mmol/L* |  | **Direct Bili** | *μmol/L* | *mg/dL* |
| **CRP** | *mg/L* |  | **Total Protein** | *g/L* | *mg/dL* |

|  |
| --- |
| **Other Essential Results** |
|  | **Date (DD/MM/YYYY)** | **Result** |  |  | **Date (DD/MM/YYYY)** | **Result** |
| **Fe** |  | *μg/dL* |  | **HCV Genotype** |  |  |
| **TIBC** |  | *μg/dL* | **HCV RNA** |  |  |
| **Ferritin** |  | *ng/dL* | **TSH** |  | *IU/mL* |
| **AFP** |  | *ng/dL* | **ANA** |  |  |
| **HIV Ab** |  | [ ]  Reactive [ ] Non-reactive | **Other:**  |  |  |

# Diagnostic Tests

|  |  |  |
| --- | --- | --- |
| **Test** | **Date (DD/MM/YYYY)** | **Result** |
| APRI Score |  | Final Result: |
| Ultrasound |  | [ ]  Normal | [ ]  Ascites | [ ]  Hepatomegaly |
| [ ]  Splenomegaly | [ ]  Liver mass | [ ]  Consistent with fatty infiltration |
| [ ]  Other:  |
| Elastography |  | Score: \_\_\_\_\_\_\_ kPa |
| Upper Endoscopy |  | [ ]  Normal | [ ]  Small varices | [ ]  Medium varices |
| [ ]  Large varices | [ ]  Banding performed |  |
| [ ]  Other:  |
| CT/MRI |  | [ ]  Normal | [ ]  Ascites | [ ]  Hepatomegaly |
| [ ]  Splenomegaly | [ ]  Liver mass | [ ]  Consistent with fatty infiltration |
| [ ]  Other: |

**What is the Primary Question/s about the case?**