**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 procedures  Type: |
| 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 Treatment  Year: 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?**