

Remote Consultation Request for Initiation of Hepatitis C Treatment

Date: _____

FOR ATTENTION OF: A/Prof Amany Zekry

GP Name	
GP Suburb /Postcode	/
GP Phone / Fax number	/
GP Email address	
Patient Name:	
Patient's Date of Birth	
Patient residential Postcode	

<p><u>Hepatitis C History:</u></p> <p>Date of HCV Diagnosis _____</p> <p>Known cirrhosis* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatocellular Ca <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Intercurrent conditions:</u></p> <p>Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatitis B * <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HIV * <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alcohol > 40g/d <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*Surface antigen</small></p> <p>Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Prior antiviral treatment?:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>Did the patient previously receive Boceprevir/Telaprevir/Simeprevir?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prior Treatment Response:</p> <p>_____</p>	<p><u>Current medications:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have checked for potential Drug Drug Interactions*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* http://www.hep-druginteractions.org</p>

**Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist*

St George Hospital Liver Clinic

Referrals (fax) : 9113 3993

Phone Enquires: 0409 393 370

Mobile Fibroscan Bookings: 9113 2817



Laboratory Results (or attach copy of results)

Test	Date	Result
HCV Genotype		
HCV RNA Level		
ALT		
AST		
Bilirubin		
Albumin		
eGFR		
Haemoglobin		
Platelet Count		
INR		
HBsAg		Positive <input type="checkbox"/> Negative <input type="checkbox"/>
HIV Antibody		Positive <input type="checkbox"/> Negative <input type="checkbox"/>

Liver Fibrosis Assessment		
	Date	Result*
Fibroscan		
Other (eg APRI)		

APRI : <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>

People with Fibroscan score ≥ 12.5 kPa or APRI score ≥ 1.0 should be referred to a specialist

Liver Ultrasound	
Date	Result

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Treatment

Treatment advice will returned via fax once specialist approval given.

Patients should be monitored during treatment according to the 'Australian Recommendations for the Management of HCV Infection'.

Patients must be tested for HCV RNA at least 12 weeks after completing treatment to determine outcome. A copy of the patient's final HCV RNA results **MUST** be emailed to St George Hospital Liver Clinic at the completion of therapy.

Declaration by general practitioner

I declare all of the information to the best of my knowledge provided above is true and correct

Name:	
Signature:	
Date:	

Suggested treatment regime

Regime	Duration

Specialist approval

I agree with the decision to treat this person based on the information provided above

Name:	
Signature:	
Date:	

Please follow the link below for the Hepatitis C on-line learning module from the NPS Medicine Wise. By completing the module and undertaking the assessment, CPD points Cat 2 will be awarded to GPs.

<http://learn.nps.org.au/mod/page/view.php?id=7278>.