

GRAMPIANS REMOTE CONSULTATION FOR INITIATION OF HEPATITIS C TREATMENT

Attention: Dr. Al-Ansari
 Date:
 Patient name:
 Patient DOB:
 Patient address:

GP name:
 GP provider number:
 GP practice address:
 GP phone number:
 GP Fax Number:

Please refer patients directly to the Ballarat Health Services Gastroenterology and Liver Clinic for specialist assessment if:

- History, examination or investigations suggestive of cirrhosis (i.e. liver stiffness is > 12.5 kPa or APRI >1.0) or;
- Previously treated with regimens containing direct acting antiviral agents or;
- Concomitant medications not listed on the Liverpool website or drug drug interactions are such that assistance is required or;
- Patient has received amiodarone in the last 3 months or;
- Pregnant or breastfeeding female.

Likely year of HCV acquisition: _ _ _ _ Year of chronic hepatitis C diagnosis: _ _ _ _

Has the patient ever been diagnosed with cirrhosis? Yes No

Is the patient obese (BMI ≥ 30)? Yes No

Is there a history of current or prior alcohol intake >4 standard drinks/day? Yes No

Has the patient previously been treated for HCV? Yes No

If yes, did the treatment contain direct acting antiviral agents? Yes No

Are there signs of chronic liver disease on examination? Yes No

	Date	Result
HCV genotype		
HCV RNA level		
HIV serology		
HBV sAg		
HBV cAb		
HBV sAb		
Haemoglobin		
Platelets		
Albumin		
AST and AST upper limit of normal		
ALT		
Bilirubin		
eGFR		
INR		
B-HCG if female		

APRI	Date	Score
OR		
FibroScan	Date	IQR/med(%)
	Median liver stiffness (kPa)	Success rate (%) / No. valid shots

The management of this patient will be according to the Australian Recommendations for the Management of HCV infection consensus statement 2017 (check box)

I have used www.hep-druginteractions.org to check and will manage interactions between the patients current medications (including over the counter & herbal preparations) and

- Sofosbuvir/velpatasvir for genotype 1,2,3,4,5 or 6
- Other direct acting antiviral, please list

GP declaration: I declare all of the information provided above is true and correct

GP signature: _____ Date: _____

Fax to Ballarat Health Services Gastroenterology and Liver Clinic: **03 53204097**