

Primary Care Provider Referral to a Specialist for Hepatitis C Treatment Evaluation

Directions: Primary care providers referring a patient to a specialist for HCV treatment evaluation should provide the following medical information to the specialist prior to the first appointment. Information may be placed on the form or provided via attachment or excerpt from the medical record.

Referring Physician: _____ **Phone:** _____

Address: _____ **Date:** _____

Patient		Date	
Address			
Phone		Mobile	
Allergies		DOB	
Height	Weight		BMI

CONCOMITANT MEDICAL DIAGNOSES	CURRENT MEDICATIONS

HEALTH MAINTENANCE	
Smoking	Substance Abuse
Use of alcohol	Mental health assessment
Substance use	Pregnancy/Contraception
Other:	Other:

RECCOMENDED LABROATROY TESTING PRIOR TO INITIAL APPOINTMENT WITH SPECIALIST					
HCV Genotype	Date:	ALT	Date:	Creatinine	Date:
HCV RNA	Date:	AST	Date:	Platelet Count	Date:
Albumin	Date:	Total bilirubin	Date:	Hemoglobin	Date:

ASSESSMENT OF LIVER (COMPLETE IF AVAILABLE)		
Test performed	Date	Findings/ Results
Liver biopsy		
Ultrasound		
Transient Elastography		

OTHER RECOMMENDATIONS/REFERRALS

Other tests that may be requested by specialist or PCP may want to perform these tests:

- prothrombin time (PT)
 - international normalized ratio (INR)
 - direct bilirubin
 - total protein
 - alkaline phosphatase (ALP)
 - CBC
 - HAV testing
 - HBV serology screening
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HAV and HBV Vaccine that maybe requested