

Other Lab Test and Sample Referral Form

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:
Office Address/ Phone:
Date of Referral:

Patient		Date	
Address			
Phone		Mobile	
Allergies			
Height	Weight	DOB	BMI

CONCOMITANT MEDICAL DIAGNOSES	CURRENT MEDICATIONS

HEALTH MAINTENANCE	
1. Smoking	
2. Use of alcohol	
3. Substance use	
4. Mental health assessment	
5. Pregnancy/ Contraception	

RECOMMENDED LAB/DIAGNOSTIC TESTING PRIOR TO INITIAL APPOINTMENT WITH SPECIALIST				
HCV Genotype		ALT	Date:	Creatinine
HCV RNA	Date:	AST	Date:	Platelet Count
Albumin		Total bilirubin		Hemoglobin

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:

- prothrombin time (PT)
- international normalized ratio (INR)
- direct bilirubin
- total protein
- alkaline phosphatase (ALP)
- CBC
- platelets
- creatinine
- HAV and HBV screening or vaccine

www.dhhr.wv.gov/oeps/std-hiv-hep/hepatitis/