

# HCV TREATMENT SCREENING QUESTIONNAIRE

## HSF 912 F-1

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ ID# \_\_\_\_\_ DOB: \_\_\_\_\_

### **Provider (or designee) please complete Sections 1 and 2 and return to The Hepatitis C Committee**

#### **Section 1 — Review for Contraindications**

- Yes  No Hypersensitivity to treatment agents       Yes  No Insufficient time to complete treatment (Typically 12 weeks. Confirm with patient's counselor of release plan.)  
 Yes  No Hospice or Life Expectancy < 1 year.

Comments:

#### **Section 2 — Review Exclusion Criteria and Consent**

- Yes  No Pregnancy       Yes  No Serious concurrent unstable medical condition  
 Yes  No Pattern of noncompliance past 6 months       Yes  No Current Chemotherapy or Radiation therapy  
 Yes  No Substance Abuse incidents in past 12 mos       Yes  No IDPH Sexual History completed  
 Yes  No Incidents of high risk behavior in past 12 mos       Yes  No Review and signed informed consent (**HSF 912 F-2**)  
 Yes  No SMI (needs clearance by psychiatrist)

#### **Section 3 — Provider — Required Testing**

Within the past 6 months:

- LFT's     CBC     BMP     HIV     INR     HBVsAg     TOTAL HBVcAb

Within in the past 2 years:

- HCV RNA quantitative

At any time in the past

- HCV Genotype  
 ANA     Ferritin     TSH

Liver US within last year if cirrhosis present.

#### **Section 4 — Provider Educate and Consent**

- Review treatment recommendations with patient.  
 Enter diagnosis "Hepatitis Treatment" in Medical ICON

**Distribution: Original HSF-912 F-1, F-2 and IDPH history scanned into Medical ICON, Copies to Hepatitis C Committee**