INDIAN COUNTRY ECHO

Indian Country Hepatitis C Initial Case Presentation Form

Presentation Date:_____ Site:_____ Clinician:_____

General Information/Demographics

Patient ECHO ID:	**Age:**	**Sex at Birth:** ☐Male ☐Female	**Gender Identity:**
Insurance: ☐ None ☐ Medicare ☐ Medicaid, MCO (if in NM, please specify: ☐ Presbyterian ☐ BCBS ☐ Western Sky ☐ Unknown)		☐ Commercial Health Insurance ☐ Other:_____	

Liver Related History	☐ Cirrhosis	Any evidence of clinical decompensation? ☐Ascites ☐Hepatic Encephalopathy ☐Variceal Bleed
	☐ Previous HCV Treatment	Year: Drug Regimen: Duration of Treatment:
	☐ Hepatocellular Carcinoma	Year of Diagnosis:

Medical Diagnoses	☐ Diabetes Mellitus	☐Seizure Disorder
	☐ Hepatitis B, Chronic	☐Solid Organ Transplant --- Year: Organ:
	☐ HIV	☐ Rheumatoid Arthritis
	☐ Other Relevant Diagnoses:	

Psychiatric Diagnoses	☐Depression ☐ Anxiety ☐ Other: ☐ PTSD ☐Trauma	
Depression Screening: (If available)	☐ PHQ 9: _____ ☐ GAD 7: _____ ☐ Other:_____ ☐ PHQ 2:	
Substance Use History	Does the person have a substance use disorder? ☐Yes ☐No	
	If yes, ☐Alcohol ☐Opiates ☐Stimulants ☐Benzodiazepines ☐Marijuana ☐Other: If yes, date of last use (for each):	
	History of injecting drugs? ☐Yes ☐No	If yes, date of last injection drug use:

Current Medications:

Medication Name	Dosage	Frequency

Medication Name	Dosage	Frequency

Current Method of Birth Control: _____

If oral contraceptive, does it contain ethinyl estradiol? ☐Yes ☐No

To submit a case for presentation, please send completed forms to:

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NPAIHB ECHO Fax: 888.462.3246 **Email**: dstephens@npaihb.org

Body Mass Index	Height:	Weight:	BMI:

Hepatitis Vaccinations and Labs	Hepatitis A total or IgG antibody: ☐Positive ☐Negative	If needed has vaccination been started? ☐Yes ☐No
	Hepatitis B surface antibody (anti-HBs): ☐Positive ☐Negative Hepatitis B core antibody (anti-HBc): ☐Positive ☐Negative Hepatitis B surface antigen (HBsAg): ☐Positive ☐Negative	If needed has vaccination been started? ☐Yes ☐No

Laboratory

Basic Labs	**Date**	**Results**
WBC		
HGB		
HCT		
Platelets		
Creatinine		
GFR		
Glucose		
Protime/INR		

Basic Labs	**Date**	**Results**
Total Prot		
Albumin		
Alk Phos		
AST		
ALT		
T. Bili		
Direct Bili		

Other Labs	**Date**	**Results**
Vitamin D		
Fe		
TIBC		
Ferritin		
AFP		
HIV Ab		
HCV RNA		
HCV Genotype		

Other Pertinent Labs (e.g. serum fibrosis)	**Date**	**Results**

Fibrosis Score	**Results**
APRI	
FIB-4	
For cirrhotic patients only	
MELD	
Child-Pugh	

For clinical calculators: hepatitisc.uw.edu/page/clinical-calculators/apri

Please list any imaging or transient elastography results, if applicable (e.g. ultrasound, fibroscan, etc.):

Please list any additional pertinent information about the patient:

What is the primary question you have regarding this patient?

PLEASE NOTE that case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in this clinical setting. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

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