Project ECHO® (Extension for Community Healthcare Outcomes)

Indian Country ECHO HCV Initial Case Presentation Form

Presentation Date: Site: Clinician:

What is the primary question you have regarding this patient?

General Information/Demographics

Patient ECHO ID:	**Age:**	**Sex at Birth:** ☐ Male ☐ Female	**Gender Identity:**
Insurance: ☐ Medicaid ☐ Private Insurance		☐ Patient Assistance Program (PAP) ☐ Other:	

Liver related history	☐ Cirrhosis	Any evidence of clinical decompensation? ☐ Ascites ☐ Hepatic Encephalopathy ☐ Variceal Bleed
	☐ Previous HCV Treatment	Year: Drug Regimen: Duration of Treatment: SVR 12 Acheived?
	Year of HCV Diagnosis:	☐ Hepatocellular Carcinoma Year of Diagnosis:

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

Psychiatric Diagnoses	☐ Depression ☐ Anxiety ☐ Other:
Depression Screening: (If available)	☐ PHQ9: _____ ☐ PHQ2: _____ ☐ Other: _____
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

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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**	**Basic Labs**	**Date**	**Results**	**Other Labs**	**Date**	**Results**
WBC			Alk Phos			AFP[3]		
HGB			AST			RPR[4]		
HCT			ALT					
Platelets			T. Bili					
Creatinine			Direct Bili[1]					
Protime/INR			HIV Ab					
Total Prot			HCV RNA					
Albumin			HCV GT[2]					

[1]If available; [2] Genotype; [3] AFP for patients with known or suspected cirrhosis; [4]Rapid Plasma Reagin used to screen for syphilis

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

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

Please list any additional pertinent information about the patient:

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