



Associated with the UCLA School of Medicine
 A Division of the Ventura County Health Care Agency

Ambulatory Care Administration

HEPATITIS C PRE-TREATMENT SCREENING

Note: Patients MAY NOT TOLERATE treatment with a history of:

- Psychiatric conditions: Bipolar, Schizophrenia, severely depressed or a history of suicidal attempts
- Rheumatoid Arthritis or Autoimmune Diseases

If a patient has any of these exclusions, the patient may not be reasonable for treatment

BASIC REQUIREMENTS:

1. Complete referral form
2. Doctors Progress Notes/Medical Records, including problem list (History and Physical, last three visits notes)
3. Medication List
4. Recent Labs (all within last six months)
5. Recent X-rays
6. PCP within Ventura County
7. **At any time the PCP may call and consult with the Specialist to amend or waive the work-up – the Referral Center can facilitate this for you.**

PATIENT MUST BE ALCOHOL AND DRUG FREE FOR 12 MONTHS

Questions:

Used IV drugs	No	Yes	Age started and stopped?
Ever used cocaine	No	Yes	Age started and stopped?
Ever had a blood transfusion	No	Yes	Year of transfusion?
Have Tattoos	No	Yes	
Medications; vitamins or alternative/complementary meds	No	Yes	

History of:

• Depression requiring medication	No	Yes	If Yes: Provide Medication List
• Schizophrenia or bipolar disorder <i>required</i>	No	Yes	If Yes: <i>Psychiatric clearance</i>
• Hypothyroidism	No	Yes	
• Seizures	No	Yes	
• Diabetes	No	Yes	
• Heart Disease	No	Yes	
• Lung Disease	No	Yes	
• Rheumatoid arthritis/Lupus	No	Yes	

HEPATITIS C PRE-TREATMENT SCREENING, Cont

Required Preliminary Work-up:

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> HCV Genotype | <input type="checkbox"/> Hep C Antibody | <input type="checkbox"/> HCV RNA by PCR Quantitative | <input type="checkbox"/> Hep B Antigen | <input type="checkbox"/> Hep A Antibody |
| <input type="checkbox"/> Hep B Antibody | <input type="checkbox"/> ANA | <input type="checkbox"/> Alphafetoprotein | <input type="checkbox"/> CBC w/Dif | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Prothrombin Time | | <input type="checkbox"/> HIV | <input type="checkbox"/> LFT | |
| <input type="checkbox"/> Abdominal Ultrasound | | <input type="checkbox"/> Date and results of PPD _____ | | |

For patients over 50 years old with HTN, Diabetes, Angina/Cardiac Dx or is a smoker:

1. Cardiac work-up: requires stress test. If abnormal will need cardiac clearance
 2. Ophthalmology
 3. Comments: _____
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Referral to Hepatitis C Clinic
 VCMC-Medicine Specialty Center/West
 133 W. Santa Clara St., Ventura, CA 93001
 FAX 805-677-5263
 PHONE 805-677-5245

Patient Information
 Name: _____ Date of Request _____
 Phone Number: _____ Date of Birth _____
 Address: _____ Medical Record Number _____
 Insurance Type: _____

Referring Physician Information
 Name: _____ Clinic _____
 Phone Number: _____ Fax Number _____

- NOTE: Patients **DO NOT TOLERATE** treatment with a history of:
- ☆ Psychiatric Conditions:
 Bipolar, Schizophrenia, Severely Depressed or with history of Suicidal Attempts.
 - ☆ Rheumatoid Arthritis or Autoimmune Disorders

PATIENT MUST BE ALCHOL and DRUG FREE for 12 MONTHS.

Please submit with all required labs, tests, and completed questionnaire.

- HCV Genotype
- Hepatitis C Antibody
- Hepatitis B Antibody
- Hepatitis B Antigen
- Hepatitis A Antibody
- HIV
- Prothrombin Time
- CBC with Diff
- TSH
- LFT
- ANA
- Alphafetoprotein
- HCV RNA by PCR
- Quantitative
- Abdominal Ultrasound
- History
- Problem List
- Medication List
- Date and Results
- PPD

☆ For patients over 50 years old with HTN, Diabetes, Angina/Cardiac Dx or is a smoker:

- Need Ophthalmology consult
- Need Cardiac workup:
 Stress test

Date	Y	N	Questions	Complete this column
			Drinking alcohol within 6 months?	Last time had alcohol? How much?
			Ever use IV Drugs?	Age started IV drugs- Age stopped-
			Ever used cocaine?	Age started cocaine- Age stopped-
			Ever had blood transfusion?	Year of transfusion-
			Ever had tattoos?	Was tattoo done professionally?
			On medications, vitamins or alternative/complementary medications?	Specify:
			History of:	Specify disorder:
			Depression requiring medication?	
			Schizophrenia or bipolar disorder?	Psychiatric clearance required
			Hypothyroidism?	
			Seizures?	
			Diabetes?	
			Heart disease?	
			Lung disease?	
			Rheumatoid arthritis?	
			Lupus?	

☆ If abnormal, will need Cardiac Clearance