



Hepatitis C shared care programme referral form

(please attach this form to the standard hospital referral form)

Patient Name _____ DOB _____
 Address _____ Tel _____

Information given to patient (please tick those areas already covered)

Natural history of Hepatitis C	[]
HCV transmission modes and prevention	[]
General self-management and harm reduction including diet/alcohol	[]
Legal issues including "knowingly placing others at risk of infection"	[]
Side effects of therapy	[]
Hepatitis Council brochures	[]
Hepatitis Council as a resource centre	[]

Medical History

Likely date of HCV transmission	
Likely mode of HCV transmission	
Psychosocial status	
Alcohol (standard drinks/week)	
Current medications	
Other drugs (also injecting drug use - past & present)	
Allergies	
Contraception	
Symptoms and signs of Hepatitis C	
Other relevant medical history	
Other comments	

Laboratory investigations

(please attach if possible, otherwise fill in the following details)

ALT x 3 over 6 months

Compiled by Coordinator Hepatitis Services Fremantle
 Endorsed by Infectious Diseases Director Fremantle
 Issued 1 Dec 2005
 Revisions 19 Aug 2008
 This version 19 Aug 2008
 Revision 19 Aug 2011

Title Hepatitis C shared care programme referral form



Date of test		
ALT level		

HCV Ab & HCV PCR

Date of test		
Result (please circle)	positive / negative / indeterminate	positive / negative / indeterminate

Other tests

Test	Date of test	Result
FBC		
INR		
U&E, Creat.		
Bilirubin		
Albumin		
Alphafetoprotein		
TFT		
Liver/biliary tree ultrasound		
HBV serology		HbsAg AntiHBc
If Hep B s Ag neg - vaccinated? (please circle) Yes No		Date of last vaccine? Course completed?
HIV Ab		
Ferritin		
α 1 -= antitrypsin		
Ceruloplasmin		
Anti-smooth muscle AB		
Anti-nuclear AB		

Shared Care (please circle)

I wish to participate in shared-care management YES _____ NO _____

General Practitioner Stamp:

Signature _____