



## Royal Perth Hospital Liver Service

**FAX (08) 92243388**

### Remote Consultation Request for Initiation of Hepatitis C Treatment

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

GP Name	
GP Suburb /Postcode	/
GP Phone / Fax number	/
GP Email address	
Patient Name:	
Patient's Date of Birth	
Patient residential Postcode	

<b><u>Hepatitis C History:</u></b>  Date of HCV Diagnosis _____  Known cirrhosis* <input type="checkbox"/> Yes <input type="checkbox"/> No  Hepatocellular Ca <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Intercurrent conditions:</u></b>  Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis B * <input type="checkbox"/> Yes <input type="checkbox"/> No HIV * <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol > 40g/d <input type="checkbox"/> Yes <input type="checkbox"/> No  Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Prior antiviral treatment?:</u></b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  Did the patient previously receive Boceprevir/Telaprevir/Simeprevir?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Prior Treatment Response: _____	<b><u>Current medications:</u></b> _____ _____ _____ _____ _____ _____ I have checked for potential Drug Drug Interactions* <input type="checkbox"/> Yes <input type="checkbox"/> No  * <a href="http://www.hep-druginteractions.org">http://www.hep-druginteractions.org</a>

*\*Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist*



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**Laboratory Results (or attach copy of results)**

Test	Date	Result
HCV Genotype		
HCV RNA Level		
ALT		
AST		
Bilirubin		
Albumin		
eGFR		
Haemoglobin		
Platelet Count		
INR		

### Liver Fibrosis Assessment

	Date	Result*
Hepascore		
Other (Fibroscan or APRI)		
APRI : <a href="http://www.hepatitisc.uw.edu/page/clinical-calculators/apri">http://www.hepatitisc.uw.edu/page/clinical-calculators/apri</a>		

*People with Hepascore > 0.8, Fibroscan score  $\geq$  12.5 kPa or APRI score  $\geq$  1.0 should be referred to a specialist*

### Liver Ultrasound

Date	Result



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### Treatment choices for people with no cirrhosis\*

I plan to prescribe (please tick):

Regimen	Genotype	Duration	Select
Sofosbuvir plus ledipasvir	1	8 weeks	<input type="checkbox"/>
	1	12 weeks	<input type="checkbox"/>
Sofosbuvir plus daclatasvir	1 or 3	12 weeks	<input type="checkbox"/>
	1 or 3	24 weeks	<input type="checkbox"/>
Sofosbuvir plus ribavirin	2	12 weeks	<input type="checkbox"/>

\* Note that treatment regimens may differ in people with cirrhosis, refer to the Australian Recommendations for the Management of HCV Infection: a Consensus Statement

**Patients should be monitored during treatment according to the 'Australian Recommendations for the Management of HCV Infection'.**

**Patients must be tested for HCV RNA at least 12 weeks after completing treatment to determine outcome.**

### Declaration by general practitioner

*I declare all of the information provided above is true and correct*

Name:	
Signature:	
Date:	

### Comments:

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### Specialist approval

*I agree with the decision to treat this person based on the information provided above*

Name:	
Signature:	
Date:	