**FOR ATTENTION OF: Dr** **Douglas Samuel Date:**

*Please note this form is not a referral for a patient appointment. www.dougsamuel.com.au/hepatitis*

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| **Referring Practitioner***Note: General practitioners and nurse practitioners are eligible to prescribe hepatitis C treatment under the PBS* |
| Name |  |
| Suburb |  | Postcode |  |
| Phone | ( )  | Fax | ( )  |
| Mobile phone |  |
| Email address |  |

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| **Patient** |
| Name |  |
| Date of birth |   |
| Postcode |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hepatitis C History**Date of HCV diagnosis: Known cirrhosis\* ☐ Yes ☐ No\* Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist | **Intercurrent Conditions**

|  |  |  |
| --- | --- | --- |
| Diabetes | ☐ Yes | ☐ No |
| Obesity | ☐ Yes | ☐ No |
| Hepatitis B | ☐ Yes | ☐ No |
| HIV  | ☐ Yes | ☐ No |
| Alcohol > 40 g/day | ☐ Yes | ☐ No |

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| Discussion re contraception | ☐ Yes | ☐ No |

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| **Prior Antiviral Treatment** | **Current Medications**(Prescription, herbal, OTC, recreational) |
| Has patient previously received any antiviral treatment? | ☐ Yes ☐ No |
| Has prior treatment included oral antiviral therapy? | ☐ Yes ☐ No |
| Prior treatment:  |
| I have checked for potential drug–drug interactions with current medications† | ☐ Yes ☐ No |
| † <http://www.hep-druginteractions.org> If possible, print and fax a PDF from this site showing you have checked drug–drug interactions. |

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| **Laboratory Results (or attach copy of results)** |
| **Test** | **Date** | **Result** | **Test** | **Date** | **Result** |
| HCV genotype |   |  | Creatinine |   |  |
| HCV RNA level |   |  | eGFR |   |  |
| ALT |   |  | Haemoglobin |   |  |
| AST |   |  | Platelet count |   |  |
| Bilirubin |   |  | INR |   |  |
| Albumin |   |  | HBsAg |   |  |

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| **Liver Fibrosis Assessment\*\*** |
| **Test** | **Date** | **Result** |
| FibroScan |   |  |
| Other (eg. APRI) |   |  |
| APRI: <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>\*\* People with liver stiffness on FibroScan of ≥ 12.5 kPa or an APRI score ≥ 1.0 may have cirrhosis and should be referred to a specialist. |

**Treatment Choice**

I plan to prescribe *(please select one):*

|  |  |  |
| --- | --- | --- |
| **Regimen** | **Duration** | **Genotypes** |
| Sofosbuvir + Velpatasvir | 12 weeks ☐ | 1, 2, 3, 4, 5, 6 |
| Sofosbuvir + Ledipasvir |  8 weeks ☐*No cirrhosis, treatment-naive, genotype 1* | 12 weeks ☐ |  24 weeks ☐ | 1 |
| Elbasvir + Grazoprevir | 12 weeks ☐ | 16 weeks ☐ | + Ribavirin ☐ | 1 or 4 |
| Sofosbuvir + Daclatasvir | 12 weeks ☐ | 24 weeks ☐ | + Ribavirin ☐ | 3 or 1 |
| Paritaprevir/ritonavir + Ombitasvir + Dasabuvir | 12 weeks ☐ | 1b |
| Paritaprevir/ritonavir + Ombitasvir + Dasabuvir + Ribavirin | 12 weeks ☐ | 24 weeks ☐ | 1a |

Multiple regimens are available for the treatment of chronic HCV. Factors to consider include HCV genotype, cirrhosis status, prior treatment, viral load, potential drug-drug interactions, comorbidities.

See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement (August 2017)* (<http://www.gesa.org.au)> for all regimens, and for monitoring recommendations.

**Patients must be tested for HCV RNA at least 12 weeks after completing treatment to determine outcome.** Please notify the specialist below of the Week 12 post-treatment result.

**Declaration by General Practitioner/Nurse Practitioner**

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| *I declare all of the information provided above is true and correct.* |
| Signature: |  |
| Name: |  |
| Date: |   |

**Approval by Specialist Experienced in the Treatment of HCV**

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| *I agree with the decision to treat this person based on the information provided above.*  |
| Signature: |  |
| Name: |  |
| Date: |   |
| **Once completed, please return both pages by email:**  **or fax: (** **)**   |