



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	

<p><u>Hepatitis C History:</u></p> <p>Date of HCV Diagnosis _____</p> <p>Known cirrhosis* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatocellular Ca <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Prior antiviral treatment?*</u>:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please indicate which drug(s).</p> <p><input type="checkbox"/> Peginterferon alpha <input type="checkbox"/> Telaprevir</p> <p><input type="checkbox"/> Boceprevir <input type="checkbox"/> Simeprevir</p> <p>Other: _____</p> <p>Prior Treatment Response*:</p> <p>_____</p> <p>Contraception required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contraception arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: Hep C treatment is not recommended in pregnancy or while breastfeeding.</p>	<p><u>Intercurrent conditions:</u></p> <p>Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hepatitis B* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HIV* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alcohol > 40g/d <input type="checkbox"/> Yes <input type="checkbox"/> No (> 4 standard drinks a day)</p> <p><u>Current medications:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have checked for potential Drug Interactions with existing medications</p> <p>http://www.hep-druginteractions.org</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p> <p><u>Please attach print out if available</u></p>
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****Patients with prior treatment failure, cirrhosis or HBV/HIV coinfection should be formally referred to a specialist / public clinic.***



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Patient Name: _____

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

Liver Fibrosis Assessment		
	Date	Result*
APRI		
Other (Hepascore, Fibroscan or Ultrasound Elastography)		
APRI : http://www.hepatitisc.uw.edu/page/clinical-calculators/apri		

****Patients with APRI ≥ 1.0, Hepascore > 0.8 or Fibroscan ≥ 12.5 kPa should be referred to a specialist***

Liver Ultrasound	
Date	Result



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Patient Name: _____

Treatment choices for people with no cirrhosis

I plan to prescribe (*please tick*):

Regimen	Duration		Genotype
Sofosbuvir plus Ledipasvir	8 weeks <input type="checkbox"/>	12 weeks <input type="checkbox"/>	1/1a/1b
Sofosbuvir plus Daclatasvir	12 weeks <input type="checkbox"/>	24 weeks <input type="checkbox"/>	3 or 1/1a/1b
Sofosbuvir plus Ribavirin	12 weeks <input type="checkbox"/>		2
Paritaprevir/ritonavir plus Ombitasvir plus Dasabuvir	12 weeks <input type="checkbox"/>		1b
Paritaprevir/ritonavir plus Ombitasvir plus Dasabuvir plus Ribavirin	12 weeks <input type="checkbox"/>		1a
Elbasvir plus Grazoprevir	12 weeks <input type="checkbox"/>		1/1a/1b or 4
Elbasvir, Grazoprevir plus Ribavirin	16 weeks <input type="checkbox"/>		1a or 4

- Patients should be monitored during treatment according to the 'Australian Recommendations for the Management of HCV Infection' www.hepcguidelines.org.au
- Ribavirin is a Category X drug and strict contraceptive requirements apply for females, males and partners of patients
- 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:	

Specialist approval

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

Name:	
Signature:	
Date:	

Comments: _____

