

HCV Patient Case Form

ECHO+



Date / /

Clinic/Community

Presenter Name and Title

Please note that ECHO+ HCV case consultations do not create or otherwise establish a provider-patient relationship between any University of Calgary clinician and any patient whose case is being presented in an ECHO+ session. **Always use a Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates patient confidentiality laws.**

General Information/Demographics

Patient ECHO ID Date of Birth / /

Screening Date (required) / /

Gender Male Female Non-binary Choose not to disclose

Ethnicity Métis Inuit Status/Treaty First Nation Non-Status First Nation African origin/Black East Asian South Asian Middle Eastern Hispanic Caucasian/White

Potential Source(s) of HCV Infection (Check all that apply)

Risk Factors	Yes	Description/Comments
Current/former injection drug user (even once)	<input type="checkbox"/>	If yes, injection drug use in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Intranasal drug use	<input type="checkbox"/>	<input type="text"/>
History of blood transfusion or solid organ transplant before 1992	<input type="checkbox"/>	<input type="text"/>
Known other (please list)	<input type="checkbox"/>	<input type="text"/>
Unknown	<input type="checkbox"/>	<input type="text"/>

Summary of Pertinent Medical History

Mental Health History

Condition	Yes	Description/Comments	Is patient on medication for condition? Specify
Depression	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Anxiety	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Mania/Hypomania	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

Body Mass Index

Height cm in Weight kg lb BMI

Substance Use History (Check all that apply)

Substance	Yes	Description/Comments
Does patient currently drink alcohol?	<input type="checkbox"/>	Has patient ever had a drinking problem? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last drink / /
Does patient smoke cigarettes?	<input type="checkbox"/>	
Does patient currently use substances?	<input type="checkbox"/>	If yes, check all that apply <input type="checkbox"/> Opiates <input type="checkbox"/> Stimulants (cocaine, amphetamine, etc.) <input type="checkbox"/> Marijuana <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other _____ Date of first known use / / Date of last known use / /

Liver History (Check all that apply)

Condition	Yes	Description/Comments
HCV	<input type="checkbox"/>	If yes, year of diagnosis _____
Cirrhosis	<input type="checkbox"/>	If yes, any evidence of decompensation? <input type="checkbox"/> Ascites <input type="checkbox"/> Hepatic encephalopathy <input type="checkbox"/> Variceal bleed
Previous HCV treatment	<input type="checkbox"/>	Year _____ Drug regimen _____ Duration of treatment (weeks) _____
Liver biopsy	<input type="checkbox"/>	Year _____ Results _____
Fibroscan, Fibrotest, Elastography	<input type="checkbox"/>	Year _____ Results _____

Laboratory

Date of Lab / /	HBsAG	
HGB	INR	
Platelets	Albumin	
Creatinine	ALT	
HIV Ab	AST	
Direct Bili	HCV Genotype	
T. Bili	HCV Viral Load	

Concomitant Medications (Include dosage)

Medication Name	Dosage	Frequency

Additional Medications and/or Notes

$$APRI = 100 \times \frac{AST/AST (ULN)}{Platelets}$$

[Click for online calculator](#)

APRI=

$$FIB-4 = \frac{Age (yr) \times AST (ULN)}{Platelets \times \sqrt{ALT (ULN)}}$$

[Click for online calculator](#)

FIB-4=

Patient Consent

This page and information will not be shown or displayed

- Patient gives consent to release Alberta Health Care number to Dr. Sam Lee with University of Calgary Liver Unit, to permit lab values at the completion of treatment to be recorded to verify clearance of the Hepatitis C virus.

AHC#