

Fiona Stanley Hospital

Hepatitis C Remote Consultation Request

Please direct request via the CRS (fax 1300 365 056)

FOR ATTENTION OF: Hepatology Specialist

Date:

Please note this form is not a referral for an outpatient appointment unless the patient is assessed as unsuitable for remote consultation and GP management.

Note: GPs are eligible to prescribe hepatitis C treatment under the PBS, provided they are experienced in the treatment of chronic HCV infection or they prescribe in consultation with a gastroenterologist, hepatologist or infectious disease physician experienced in the treatment of chronic HCV infection.

GP name			
GP suburb		GP postcode	
GP phone		GP fax	
GP mobile phone			
GP email address			

Patient name			
Patient date of birth		Gender	
Patient address, suburb, PC			
	Phone		

<p>Hepatitis C History</p> <p>Date of HCV diagnosis:</p> <p>Known cirrhosis* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>* Patients with cirrhosis or HBV/HIV coinfection should be referred to a specialist</small></p>	<p>Intercurrent Conditions</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 > 40 g/day <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Discussion re contraception <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Prior Antiviral Treatment</p> <p>Has patient previously received any antiviral treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has prior treatment included Boceprevir/Telaprevir/Simeprevir? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have checked for potential drug–drug interactions with current medications† <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Current Medications (Prescription, herbal, OTC, recreational)</p> <p>† http://www.hep-druginteractions.org If possible, print and fax a PDF from this site showing you have checked drug–drug interactions.</p>

Laboratory Results (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					

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Liver Fibrosis Assessment**		
Test	Date	Result
FibroScan, and/or		
Other (eg. Hepascore, APRI)		

Fibroscan is currently only available in tertiary hospital clinics; Hepascore is available from Pathwest.
 APRI: <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>
 ** People with liver stiffness on FibroScan of ≥ 12.5 kPa, Hepascore > 0.8 or an APRI score ≥ 1.0 may have cirrhosis and should be reviewed by a specialist.

Treatment Choice

1. Not suitable for remote consultation – this is a referral for specialist assessment
2. Suitable for remote consultation
 I plan to prescribe:

Regimen	Duration (weeks)	Genotype

A current list of treatment regimes can be found on the PBS website:
<http://www.pbs.gov.au/info/healthpro/explanatory-notes/general-statement-hep-c>

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 and comorbidities. See *Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement 2016* (<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

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

Signature:	
Name:	
Date:	

Approval by Specialist Experienced in the Treatment of HCV

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

Signature:	
Name:	
Date:	