



Gastroenterology and Hepatology Unit

The Canberra Hospital
Yamba Drive, Garran ACT 2605
PO Box 11, Woden, ACT 2606
Website: www.health.act.gov.au
ABN: 82 049 056 234

Hepatologist consultation for Hepatitis C treatment Referral form

Please review the information in HealthPathways to assist in the completion of this form

To Drs Farrell/Teoh/Kaye/Chitturi/Walker
Canberra Hospital Liver Clinic Ph: 6244 4106 Fax no. 6244 3235

Referring Doctor: _____ Provider No. _____
(or Stamp)
Practice address: _____

Phone: _____ Fax: _____

Patient Details

Name: _____ DOB: _____

Address: _____

Phone: _____

Hepatitis C viral load (<12 months): _____

Hepatitis C genotype: _____

Previous treatment: Yes No
If so, response to treatment (non responder/relapse): _____

Liver Fibrosis Assessment (this influences treatment regimen and follow up)		
	Date	Result
Fibroscan or		
Other (APRI* or elastography)		

*AST to Platelet Ratio Index (APRI) <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>

Current medications (to assess for possible interactions):

Herbal medicines/supplements/OTC:

Allergies: _____

A negative pregnancy test is required

Current Contraception: _____

Summary medical history:

* Patients with HIV/HBV co-infection should be referred to a specialist for assessment and management.

Alcohol (life history): _____

Current substance use:

Please attach results of blood tests (FBC, EUC, LFTs + AST, β HCG, coagulation studies) < 6 months old and most recent liver ultrasound.

Treatment Options:

I plan to prescribe (*please tick*):

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

For information on treatment choice, see

<http://www.pbs.gov.au/info/healthpro/explanatory-notes/general-statement-hep-c>

OR

- Genotype 4, 5 or 6 – specialist recommendation / assessment required

Patients should be monitored during treatment according to the HealthPathways recommendations.

Patients must have a follow up HCV PCR at least 12 weeks after the completion of treatment to determine outcome (sustained virological response, SVR).

Declaration by the referring doctor

I declare all of the information provided is true and correct

Signature:

Name:

Date:

Specialist Advice

- Patient needs to be seen at the Liver Clinic prior to commencement of treatment and an appointment will be arranged, or
- I agree with the decision to treat this patient based on the information provided above.

Further comments:

Signature:

Name:

Date: