



Regional Hepatitis C Programme Referral Form

REFERRER DETAILS			
Date of Referral:	Contact Phone:	Name, Position and Address of Referrer	
PERSON BEING REFERRED			
Title:	Surname:	First Name(s):	Also Known As:
<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:	Ethnicity:
NZ Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (Home): Phone (Work):	Mobile:	Email:
Postal Address:		Residential (if different from postal):	
MEDICAL HISTORY			
<p>The following test results are <u>required</u> for referral purposes (<i>tick as completed</i>)</p> <p><input type="radio"/> Liver Function Tests (LFT's)</p> <p><input type="radio"/> HCV antibody positive</p> <p><input type="radio"/> HCV PCR RNA or HCV antigen positive</p> <p><u>For treatment option:</u></p> <p><input type="radio"/> HCV genotype (required):</p>		<p>Include if available, with dates:</p> <p><input type="radio"/> Ultrasound scan of liver <i>Date:</i> _____</p> <p><input type="radio"/> Liver Biopsy <i>Date:</i> _____</p> <p><input type="radio"/> Fibroscan: <i>Date:</i> _____</p>	

Please note a fibroscan is not possible if: <18 years, pregnant, patient has an intracardiac device, some other situations e.g. very limited mobility and extreme obesity. Please contact the service for more information in these circumstances.

Please fax referral form to 04 801 8715

Estimated length of time of infection:	Hepatitis previously treated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide dates and area treated)</i>	Any current history of substance abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current alcohol intake: <i>Number of standard drinks (please tick)</i> Per day: <input type="checkbox"/> 0-2 <input type="checkbox"/> 2-6 <input type="checkbox"/> >6 Per week: <input type="checkbox"/> <14 <input type="checkbox"/> >14	Other relevant past or present medical history (including mental health)? <i>If yes, please provide details e.g. cirrhotic:</i>	Notification: Yes, this patient has been notified to the Regional Hepatitis Programme: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current medications (including OTC and herbal medicines)? Please list: 		