Austin Health Hepatitis C
Rapid Access to Treatment Clinic
Attention: Hepatitis C Outreach CNC
M: 0481 909 741 | F: +61 3 9496 2732
E: Livernurses@austin.org.au
W: austin.org.au/HepC

Referring Practitioner			
Name Provider Number Address (or STAMP)			
Phone	( )	Fax	( )

Patient			
First Name			
Last Name			
DOB			
Street Address			
Suburb		Postcode	
Phone	( )		
Mobile phone			
Medicare Number			
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Non-English speaker		
Interpreter required	Specify language:		

Laboratory Tests Required (*provide copy of results*)

- ☐ Full Blood Exam
- ☐ Urea & Electrolytes
- ☐ Liver Function Tests (*MUST incl. AST*)
- ☐ HAV IgG
- ☐ HBV sAb, HBV sAg, HBV cAb
- ☐ HCV RNA^^, HCV viral load, HCV genotype
- ☐ HIV Ab

^^Patient MUST be HCV RNA positive for referral.

Additional tests: recommended if cirrhosis known/suspected (*provide copy of results*)

- ☐ Abdominal/Liver ultrasound

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Patient First Name:

Patient Last Name:

Hepatitis C History

Date of HCV diagnosis:

- MUST be HCV RNA positive for referral

Cirrhosis (*known/suspected*) ☐ Yes ☐ No

- Recommend abdominal/liver Ultrasound

Prior Hepatitis C Treatment

Has patient previously received Hepatitis C treatment? ☐ Yes ☐ No

Prior treatment history:

Intercurrent Conditions

Diabetes	☐ Yes	☐ No
Renal impairment	☐ Yes	☐ No
Obesity	☐ Yes	☐ No
GORD	☐ Yes	☐ No
Chronic hepatitis B	☐ Yes	☐ No
HIV	☐ Yes	☐ No
Alcohol > 40 g/day	☐ Yes	☐ No
Current IVDU	☐ Yes	☐ No
Mental Health	☐ Yes	☐ No

Other
(*specify or attach documentation*):

Current Medications

(Prescription, herbal, OTC, recreational)

****NB:** *HCV treatment cannot be undertaken while pregnant or breastfeeding*

Declaration by General Practitioner/Nurse Practitioner

I declare the information provided above is true and correct.

Signature:	
Date:	

Office Use Only	
Date received:	
Specialist reviewed:	
Clinic allocation:	