

Patient: _____

Pretreatment Checklist
Hepatitis C

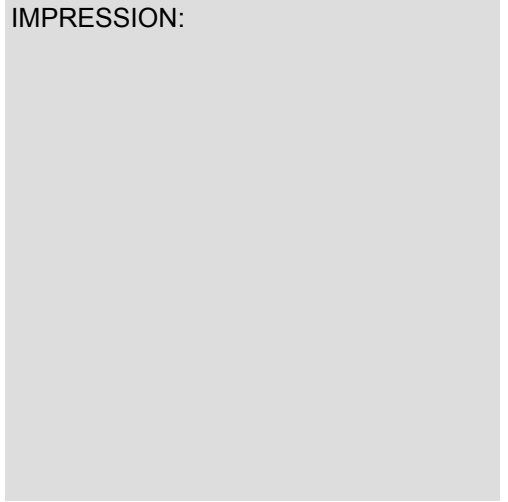
Date: _____

Order√

	Date	Results	Abnormal?
<input type="checkbox"/> CBC with diff		<i>attach</i>	
<input type="checkbox"/> Comp Metabolic Panel		<i>attach</i>	
<input type="checkbox"/> ANA * can be historical			
<input type="checkbox"/> TSH			
<input type="checkbox"/> HBsAG			
<input type="checkbox"/> HBcAB * can be historical			
<input type="checkbox"/> HAV Anti * can be historical			
<input type="checkbox"/> HCV RNA quant			
<input type="checkbox"/> HIV * can be historical			
<input type="checkbox"/> HCV Genotype * can be historical			

Lab	Date	Value
ALT		
AST		
Platelets		
Albumin		
T. Bili		
Hgb		
Glucose		
AFP		

IMPRESSION:



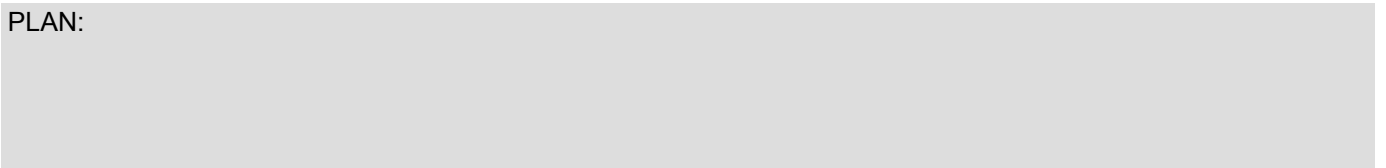
	Date	Findings	Order√	Yes/No
Liver Biopsy * can be historical				
LSS * if physician indicates				
US * if physician indicates				
EGD * if physician indicates				
Colo * if physician indicates				
EKG * 50 years of age>; cardiac hx				
				Start HAV Vaccination Series
				Start HBV Vaccination Series

CURRENT MEDICATIONS:	DOSE	Indication

Depression	No	Yes *	* Further evaluation required	CES-D # <input type="text"/>
Pregnancy	No	Yes *	* Cannot be treated	
Breastfeeding	No	Yes *	* Cannot be treated	
Autoimmune Disease	No	Yes *	* Further evaluation required	
Cardiovascular Disease	No	Yes *	* Further evaluation required	

NAIVE Patient?	<input type="checkbox"/>	Patient Ed Class?	<input type="checkbox"/>
Retreatment?	<input type="checkbox"/>		

PLAN:



Signature: _____ Date: _____

Attach a copy of pretreatment checklist test results