HIV/HCV Initial Case Presentation Form

REDCap Record ID:

Date: _____ Site: _____ Provider: _____

PLEASE NOTE that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any UTHSA clinician and any patient whose case is being presented in a Project ECHO setting. Always use ECHO ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

ECHO ID (UTHSA Use Only):

General Information/ Demographics

Birth Year:	
Gender:	☐ Male ☐ Female Transgender: ☐ FTM ☐ MTF
Insurance:	☐ No Insurance ☐ CareLink ☐ Medicare ☐ Medicaid Plan: _____ ☐ Commercial Health Insurance Plan:
Annual Household Income:	
Household Size:	

Question(s) for ECHO Session:

1 _____

2 _____

3

HCV/ Liver Disease History

HCV	Year of Diagnosis: _____
HCV GT	☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Indeterminate ☐ Mix: _____
HCV VL	HCV RNA PCR (IU/L): _____
Resistance (NS5 RAS) Testing	NS5A Mutations: ☐ None ☐ M28 ☐ Q30 ☐ A30 ☐ L31 ☐ Y93 ☐ Not Done
Previous/Current HCV Treatment	☐ Treatment Naïve ☐ Treatment Experienced Past Response: _____ Regimen: _____ Duration: _____
Fibrosis Staging	☐ FibroScan FibroScan Score (kPa): _____ ☐ FIB-4 FIB-4 Score: _____ ☐ APRI APRI Score: _____ ☐ Liver Biopsy Liver Biopsy Year: _____ Liver Biopsy Findings: _____
Cirrhosis Complications	☐ None ☐ Ascites ☐ Hepatic Encephalopathy ☐ Variceal Bleed
Abdominal Imaging	☐ Ultrasound ☐ CT ☐ MRI ☐ Not done Date: _____ Impression: _____
Hepatocellular Carcinoma (HCC)	☐ Yes ☐ No If Yes, Year of Diagnosis: _____ Treatment? _____

If Cirrhotic, please indicate Child-Pugh and MELD-Na Scores: Cirrhotic? ☐ Yes ☐ No

Child Pugh Score: ☐ A ☐ B ☐ C Points: _____

MELD-Na Score*: _____

Child-Pugh Score for Cirrhosis Mortality

https://www.mdcalc.com/child-pugh-score-cirrhosis-mortality

***For Clinical Calculators (APRI, MELD, etc.), visit:** https://www.hepatitisc.uw.edu/page/clinical-calculators/meld

FIB-4 Interpretation

Points < 1.45:	Advanced Fibrosis (≥F3) less likely
Points ≥ 1.45 and ≤ 3.25:	Indeterminate
Points > 3.25:	Advanced Fibrosis (≥F3) more likely

APRI Interpretation

Points ≤ 1:	Advanced Fibrosis (≥F3) less likely
Points > 1:	Advanced Fibrosis (≥F3) more likely

FIB-4 and APRI cutoffs from: Tapper EB, Lok ASF. Use of Liver Imaging and Biopsy in Clinical Practice. The New England journal of medicine. 2017;377(23):2296-7.

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HIV History

HIV	Year of Diagnosis: _____
Currently on HIV Treatment	☐ Yes ☐ No Current Regimen: _____
History of HIV Drug Resistance	☐ Yes ☐ No If Yes, Specify: _____

Suspected Route of HIV/HCV Transmission

Have the person ever had any of the following risk exposures?	*Yes*	*No*	*Unknown*
Received a blood transfusion prior to 1992	☐	☐	☐
Received an organ transplant prior to 1992	☐	☐	☐
Received clotting factor concentrates prior to 1987	☐	☐	☐
Long-term hemodialysis	☐	☐	☐
One or more male sex partners How many?	☐	☐	☐
One or more female sex partners How many?	☐	☐	☐
Treated for a sexually-transmitted disease Date of most recent treatment:	☐	☐	☐
Contact with person who had hepatitis	☐	☐	☐
Employment in a medical/dental field involving use of universal precautions (e.g. gloves) because of potential of exposure to human blood	☐	☐	☐
Employment as a public safety worker involving use of universal precautions (e.g. gloves) because of potential of exposure to human blood	☐	☐	☐
Accidental stick or puncture with a needle or other object contaminated with blood Date of most recent event:	☐	☐	☐
Injected drugs or cosmetic products (i.e. Botox) not prescribed by a doctor Date of most recent event:	☐	☐	☐
Used non-injected street drugs (i.e., intranasal drug) Date of most recent event:	☐	☐	☐
Injected drugs prescribed by a doctor (i.e., insulin, blood thinning medication) Date of most recent event:	☐	☐	☐
Finger stick at home Date of most recent event:	☐	☐	☐
Outpatient procedure, specifically colonoscopy, endoscopy, or colposcopy Date of most recent procedure:	☐	☐	☐
Dental work or oral surgery in another country Date of most recent treatment: Location:	☐	☐	☐
Surgery other than dental work or oral surgery in another country Date of most recent treatment: Location:	☐	☐	☐
Manicure or pedicure in another country Date of most recent event: Location:	☐	☐	☐
Body piercing Piercing locations (check all that apply): ☐ Commercial parlor ☐ Jail/Prison ☐ At home ☐ Other (specify:)	☐	☐	☐

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Tattoo	☐	☐	☐
Tattooing locations (check all that apply): ☐ Commercial parlor ☐ Jail/Prison ☐ At home ☐ Other (specify:)			
Acupuncture treatment Date of most recent treatment:	☐	☐	☐
Incarceration Date of most recent release: _____ Length of incarceration: _____	☐	☐	☐

Body Weight: _____ kg **Body Mass Index (BMI):** _____

Online BMI calculator: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

Physical Exam

☐ Palmar Erythema/ Spider angiomata ☐ Palpable Liver/ Spleen ☐ Ascites/ Peripheral edema
☐ Hepatic Encephalopathy ☐ Jaundice ☐ Other: _____

Medical History

☐ HTN ☐ Hyperlipidemia ☐ Other: _____
☐ DM ☐ Cardiovascular Disease

Psychiatric History

☐ Depression ☐ Anxiety ☐ Other: _____
☐ Bipolar Disease ☐ Schizophrenia

Substance Use Disorder

☐ Current IDU ☐ Past IDU ☐ Other Substance Use Disorder (Specify:)

Alcohol Use

☐ Never Drinker ☐ Current drinker If Yes: Number of alcoholic drinks per week:
☐ Former Drinker **For men, heavy drinking is > 14 drinks per week; for women > 7 drinks per week.*
Number of alcoholic drinks per occasion:
**For men, binge drinking is > 4 drinks within 2 hrs.; for women, > 3 drinks within 2 hrs.*

Current Non-HIV Medications

Medication Name	Dose/Freq.	Medication Name	Dose/Freq.	Medication Name	Dose/Freq.

Nutritional Supplements (e.g. vitamins, minerals, herbs)

Supplement Name	Dose/Freq.	Supplement Name	Dose/Freq.	Supplement Name	Dose/Freq.

Lab results

	Date	*Results*		*Date*	*Results*
ALT			Creatinine		
AST			Creat. Clearance *(measured)*		
ALP			Creat. Clearance *(calculated)*		
Albumin			eGFR		
Total Bili			HBsAg		
Hemoglobin			HBsAb		
Hematocrit			HBcAb		
Platelets			HAVAB		
INR			HIV Viral Load		
Beta HCG			CD4 Count		
A1C			CD4 %		

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