

Project ECHO® (Extension for Community Healthcare Outcomes) Hepatitis C Community Follow-up Presentation Form

Presentation Date: _____ Site: _____ Presenter: _____

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

Patient Case# or ECHO ID:	
Patient age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Presentation Type: <input type="checkbox"/> Follow Up, Pre-treatment (<i>skip to page 2</i>) <input type="checkbox"/> End of Treatment <input type="checkbox"/> 12 Week Post-treatment Follow-up for SVR	

Week 0/Start of Treatment

Start of Treatment Date: _____

Treatment Type (select all that apply):	<input type="checkbox"/> Elbasvir/grazoprevir (Zepatier) <input type="checkbox"/> Ledipasvir/sofosbuvir (Harvoni) <input type="checkbox"/> Glecaprevir/pibrentasvir (Mavyret) <input type="checkbox"/> Sofosbuvir/velpatasvir (Epclusa) <input type="checkbox"/> Sofosbuvir/velpatasvir/voxilaprevir (Vosevi)	<input type="checkbox"/> Ribavirin <input type="checkbox"/> Interferon
Anticipated duration of treatment:	<input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks <input type="checkbox"/> 24 weeks <input type="checkbox"/> Other:	

End of Treatment

End of Treatment Date: _____

HCV Viral Load	Date:	Result:
Did this patient complete scheduled treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please select the primary reason for ending treatment: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Other:

12 Week Post-treatment Follow-up

Date of post-treatment viral load:	Result:	SVR? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Project ECHO® (Extension for Community Healthcare Outcomes)

Labs

	Date	Results
WBC		
RBC		
HGB		
HCT		
Platelets		
PT/INR		

	Date	Results
Sodium		
Potassium		
BUN		
Creatinine		
Glucose		
AFP		

	Date	Results
Total Prot		
Albumin		
Alk Phos		
AST		
ALT		
T. Bili		

Please list any imaging results, if applicable (e.g. ultrasound, CT scan, etc.)

If any questions about this patient, or additional labs to report, please add them here: