

CDPHE Hepatitis C Client Demographic Form

Agency Name
Agency Address
Agency Phone

DEMOGRAPHICS 1: PLEASE REDACT FOR HCV NEGATIVE TESTS BEFORE SENDING THIS FORM TO CDPHE

Last Name	First Name	MI
Client Street Address	() - Telephone	

DEMOGRAPHICS 2: COMPLETE FOR ALL CLIENTS

City of Residence	State of Residence	ZIP	County of Residence
Birth date: ___/___/___		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
MM DD YY		Age	

Client ethnicity (mark only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused to answer	Client race (mark all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Refused to answer	All Clients-Referrals Made: <input type="checkbox"/> Hepatitis Testing or Treatment <input type="checkbox"/> Hepatitis Vaccinations <input type="checkbox"/> Mental Health/Substance Abuse Treatment <input type="checkbox"/> Syringe Access Program <input type="checkbox"/> Liver Health Connection <input type="checkbox"/> Other _____
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TESTING RISK FACTORS

	Yes	No
Baby boomer born between 1945-1965	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug use?	<input type="checkbox"/>	<input type="checkbox"/>
Recipient of blood, blood products, or tissue prior to 1992?	<input type="checkbox"/>	<input type="checkbox"/>
Recipient of any of the above at <u>anytime</u> outside US?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever been on hemodialysis?	<input type="checkbox"/>	<input type="checkbox"/>
Sexual partner of an HCV positive person?	<input type="checkbox"/>	<input type="checkbox"/>
Tattoo or piercing done in a correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of these risks occur in the last 6 months*?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please discuss retesting with client*
 Comments (other risks, concerns, etc): _____

Rapid tests are not approved for people not at risk, those under the age of 15, or pregnant women
If client is pregnant, discuss perinatal transmission & refer to primary care†

SYMPTOMS OF VIRAL HEPATITIS-

Did the client report any symptoms?

Jaundice (yellowing of skin or eyes)

Dark urine

Light clay colored stools

Nausea, vomiting, or diarrhea

Fever

Headache

Loss of appetite

Abdominal pain

Malaise

If any symptoms present, contact CDPHE for follow up as case may be acute.

HCV TESTING HISTORY:

Self-reported testing history:

Never tested before

Yes, tested previously

Client refused to answer

Date last HCV test ___/___/___

Self-reported HCV status at time of visit:

Positive

STOP —if positive client is **not** a candidate for testing under this program††. Provide information packet)

Negative Client refused to answer

Unknown Indeterminate

CURRENT HCV TEST:

Collection Date: ___/___/___

MM DD YY

Test Info: <input type="checkbox"/> Rapid Test Lot # _____ Expiration Date _____	Results: <input type="checkbox"/> HCV RAPID Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Indeterminate
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Person performing test: _____

CLIENT INFORMED OF RESULTS? Yes

If no, reason? Unable to locate

Client refused

Other: _____

TO BE COMPLETED BY CDPHE: New Diagnosis? No Yes CEDRS ID _____

* HCV antibodies can be detected in >97% of persons by 6 months after the exposure; the average time from exposure to seroconversion is 8 to 9 weeks (CDC).
 †Perinatal transmission occurs in <5% of live births, in HIV/HCV coinfecting mothers perinatal transmission of HCV may be as high as 19% (CDC). Infants may be tested for HCV antibodies at 18 months or later. If desired, HCV RNA testing may be performed at first well child visit. There is a high rate of viral clearance in the first year of life (AASLD).
 ††HCV antibodies persist even in clients who clear the virus. If the client has a previous positive antibody response additional antibody testing will not yield any new information. Clients should be referred for medical follow up and more advanced testing. **Form updated 05/2016**

Rapid HCV tests are NOT FDA approved for use in those who do not have risk factors, those under the age of 15, or for pregnant women.