

# HEP C TREATMENT REVIEW

Date: \_\_\_\_\_

Patient's Name / ID: \_\_\_\_\_

Provider \_\_\_\_\_

Hep C Treatment Start Date: _____	Treatment Continues: Y / N	
HCV PCR @ 12 Wks of Tx: _____	Date: _____	Adherence? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
HCV PCR @ 24 Wks of Tx: _____	Date: _____	
HCV PCR @ 48 Wks of Tx: _____	Date: _____	

## Medical Complications to Therapy:

**Neutropenia**      YES / NO      Date: \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Growth Factors YES / NO Date: \_\_\_\_\_*

**Anemia**      YES / NO      Date: \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Growth Factors YES / NO Date: \_\_\_\_\_*

**Thrombocytopenia** YES / NO      Date: \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Growth Factors YES / NO Date: \_\_\_\_\_*

**Other Medical Complications:** \_\_\_\_\_

## Psychiatric Complications to Therapy:

**Mood Disorder(s)**      YES / NO

**Label:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Psychotropics: \_\_\_\_\_*

**Label:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Psychotropics: \_\_\_\_\_*

**Label:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
*Dose Reduction YES / NO Date: \_\_\_\_\_ : Psychotropics: \_\_\_\_\_*

**Other Psychiatric Complications:** \_\_\_\_\_

## HCV Treatment Outcomes:

<b>If Yes,</b>	<b>Completed 48 wks of Tx? Y / N</b>
Sustained Viral Response	Cytopenias      Non-adherence
Non-Responder	Psychiatric d/o      Patient Choice
Viral Relapser	Deceased: ( <input type="checkbox"/> liver dx OR <input type="checkbox"/> other )
Other: _____	

HCV PCR @ 4 Wks post Tx: \_\_\_\_\_      Date: \_\_\_\_\_

HCV PCR @ 12 Wks post Tx: \_\_\_\_\_      Date: \_\_\_\_\_

HCV PCR @ 24 Wks post Tx: \_\_\_\_\_      Date: \_\_\_\_\_