



HCV TREATMENT HISTORY

* CLIENT: _____
* LAST NAME * FIRST NAME Middle

* DATE ASKED: ____/____/____
MONTH DAY YEAR

Is The Client Eligible For HCV Treatment? Yes No

- If "No", Reason:*
- Medical Contraindications
 - Advanced Liver Disease
 - Uncontrolled Substance Use
 - Unstable HIV Disease
 - Uncontrolled Mental Health Issue
 - Other

If Eligible, Is The Client Starting HCV Treatment? Yes No N/A

If "No", Reason: Client Refused Client Contemplating Treatment

If "Yes", Select All the "HCV Treatment Types" That Apply...

- Boceprevir
- Infeqen
- Pegasys
- Rebetol
- Roferon A
- Copegus
- Intron A
- PegIntron
- Ribavirin
- Telaprevir

Treatment Start Date: ____/____/____
MONTH DAY YEAR

Treatment End Date: ____/____/____
MONTH DAY YEAR

- Reason:*
- Completed – Achieved SVR
 - Completed – Relapsed
 - Completed – Non-Responder
 - Discontinued – Side Effects
 - Discontinued – Non-Responder
 - Discontinued – Non Adherent
 - Discontinued - Other

Did The Client Have A History Of Depression Prior To HCV Treatment? Yes No

Did The Client Develop Depression While On HCV Treatment? Yes No