Oklahoma State University Hepatitis C TeleECHO™ Clinic

Case Presentation Form

Complete ALL ITEMS on this form and Email to Courtney Busse-Jones bussejo@okstate.edu

ECHO ID#

Presenting Provider Name:	
Clinic/Facility Name:	
Clinic/Facility City and State:	
Provider Email:	
Provider phone:	
Provider fax:	
When do you want to present your case?	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any OSU-CHS clinician and any patient whose case is being presented in a Project ECHO® setting.

☐ **New Presentation** ☐ **Follow up**

HCV ECHO Presentation

ECHO ID:	**Age:**	**Provider:**

Gender: ☐ Male ☐ Female Race: ☐ Black ☐ White ☐ Asian ☐ Native ☐ Mixed-Race ☐ Other_____

Insurance: ☐ None ☐ Medicaid ☐ Medicare ☐ Commercial United States Veteran: ☐ Yes ☐ No

Tattoos: ☐ None ☐ Professional ☐ Unprofessional Number of Tattoos:

Currently drinks alcohol: ☐ Yes ☐ No Date of Last Drink:

Currently uses illicit drugs: ☐ Yes ☐ No Date of Last Use: IV Drugs ☐ Yes ☐ No

Currently smokes cigarettes: ☐ Yes ☐ No Name of Drug(s):

Previous Treatment: ☐ Yes ☐ No Treatment Regimen:

PHQ-9 Score:

Concomitant Disease States:

Date of HCV diagnosis:

Current Medications please attach a 2nd page if more space is needed

Name	**Dosage/Date Last Filled**	**Name**	**Dosage/Date Last Filled**

Labs- Date of Labs:

Genotype:	**HCV Viral Load:**	**Hep A Total Ab:**
Hgb:	**Platelets:**	**Hep B Surface Ag:**
ALT:	**AST:**	**Hep B Surface Ab:**
Albumin:	**Total Bilirubin:**	**Hep B Total Core Ab:**
SCr:	**GFR:**	**HIV Status:**
INR:		**Other Lab info:**

Cirrhosis: ☐ **Yes** ☐ **No** **Decompensated:** ☐ **Yes** ☐ **No**

APRI:	**Ascites:**	☐ **Yes** ☐ **No**
FIB4:	**Bleeding Varices:**	☐ **Yes** ☐ **No**
Fibrosure:	**Encephalopathy:**	☐ **Yes** ☐ **No**
Fibroscan:	**Meld Score:**	
Fibrosis Stage:	**Child Pugh Score:**	

Imaging/Diagnostic Testing

Type	**Date**	**Results** (Normal/Hepatomegaly/Liver Mass/Splenomegaly/Consistent with fatty liver infiltration/ascites)
Abdominal Ultrasound		
Abdominal CT Scan		
Upper Endoscopy		
Liver Biopsy		
Other		

Questions/Comments: