

Please complete the following information:

PHN:

Name: _____ DOB: _____ Alias: _____ Gender: _____
Address: _____
Telephone: (H) _____ (W) or (Cell) if appropriate: _____
 Married Single Common-law Family Doctor: _____

For the following questions, please check the appropriate box(es) and fill in any further information requested.

1. Does the client speak English? Yes No If no, what language do they speak? _____

2. Was the client born in Canada? Yes No If no, what country were they born? _____
Date of Arrival to Canada: _____

3. Is this the first time the client has been tested for Hep C? Yes No
If no, when was the client last tested for Hepatitis C? Date: _____ Previous City: _____
Was the previous result Positive or Negative?

4. Has the Hepatitis C viral load test (Hepatitis C RNA) been ordered? Yes No Date Ordered _____
If no, will you be ordering the test? Yes No

*Please refer to our website www.wdpublichealth.ca Health Professional page under 'Hepatitis' for a link to the Hepatitis C Viral Load testing requisition.

5. Has the client been informed of the results of the blood work? Yes No

6. For Females: Is the client pregnant? Yes No If yes, what is the estimated due date? _____
Is this the client's first child? Yes No If yes, has the client been counselled on testing for baby after delivery? Yes No
Client's OB/midwife _____ Where is the client planning to give birth? _____

7. Why was the test ordered?

Routine Screening Immigration screening Canadian Blood Services Pre-op for transplant Prenatal Screening
 Contact Tracing Treatment Co-diagnosis/co-infection with existing STI _____
 Symptoms – please describe _____

8. What are the possible sources of infection?

IV drug use Occupational exposure Multiple sex partners No condom sexual contact of case
 Inhalation drug use Health care worker Dialysis Homosexual male Household contact
 Shared drug equipment Born to case/carrier Tattoo Acupuncture Piercing
 Organ/tissue transplant Correctional facility Received blood products abroad Anonymous sex
 Invasive surgical/dental/ocular procedure abroad Born in endemic country (please specify) _____
 Other: _____

9. Has the client ever donated blood? Yes No If yes, please provide date and location: _____

10. Has the client had a blood transfusion? Yes No If yes, please provide date and location: _____

Note: If the client has ever donated blood or received a blood transfusion, they should be advised that under the Health Protection and Promotion Act, s.26, Public Health is required to report this information to Canadian Blood Services.

11. Has the client had any prior hepatitis vaccination? Hepatitis A Yes No Hepatitis B Yes No

If yes, please provide dates: _____

If no, has the client been tested for Hepatitis A and B and shown to be immune? Yes No

Note: Clients with hepatitis C should be encouraged to receive hepatitis A&B vaccine which is available free of charge through the Ministry of Health high risk program. Vaccine can be ordered via the Public Health vaccine order form. <http://www.wdpublichealth.ca/?q=hppimm>

Please return to our confidential
Fax # 1-855-934-5463 (WDGLine)



Confidential Hepatitis C Questionnaire – Page 2

Client Name:

PHN:

12. Are there any household or sexual contacts? Yes No

Note: Public Health must ensure current sexual and household contacts are tested and protected against acquiring Hepatitis C infection from the client.

Please list current sexual and household contacts for the client:

Name	Date of Birth	Phone #	Relationship to client	Physician Name

13. What is the client's occupation? _____ Employer _____

**Healthcare workers should report to their occupational health department and regulatory body for further direction. Depending on service, the client may need to report their HCV status.*

14. Will the client be referred to a specialist? Yes No

If yes: Specialist Name _____ Phone # _____

15. Has the client been tested for HIV? Yes No

If yes: HIV result _____

16. Will you be fully counselling this client on Hepatitis C and how to prevent the spread of the infection to others? Yes No

Please refer to the Public Health Agency of Canada "Primary Care Management of Chronic Hepatitis C—Professional Desk Reference - Module 5".

**Electronic version can be accessed on our website under Healthcare Professionals – 'Hepatitis' www.wdgppublichealth.ca*

17. Have you informed the client a Public Health Nurse may be contacting them? Yes No

**A PHN may not contact the client if this form has been completed and/or the client has been referred to a specialist.*

Notes:

Physician Signature:

Date: