

SAMHSA/CSAT's Viral Hepatitis Information Form

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| SECTION A: SITE CHARACTERISTICS | Date of visit: _____ | CLIENT ID: _____ |
| Provider ID: _____ | SITE ID: DB Consulting | Counselor ID: _____ |

Vaccine LOT NUMBER: _____

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| SECTION B: DEMOGRAPHICS | Previous Viral Hepatitis C Tests |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown |
| Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | Risk Factors <input type="checkbox"/> HIV Positive <input type="checkbox"/> HCV Positive <input type="checkbox"/> Liver Disease <input type="checkbox"/> Previous STD Diagnosis <input type="checkbox"/> Intravenous Drug User <input type="checkbox"/> Risky Sexual Behavior <input type="checkbox"/> Other |
| Age <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs | |
| Race (Check all that apply) <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White | |

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| SECTION C: SERVICE PROVIDED (Check all that apply) | | |
| <input type="checkbox"/> Viral Hepatitis A Vaccination | <input type="checkbox"/> Viral Hepatitis C Test | Vaccine Dose Dates |
| <input type="checkbox"/> Viral Hepatitis B Vaccination | <input type="checkbox"/> Viral Hepatitis Counseling | #1 _____ |
| | | #2 _____ |
| <input type="checkbox"/> Combined Viral Hepatitis A/B Vaccination | <input type="checkbox"/> Viral Hepatitis Educational Materials | #3 _____ |

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| Section D: Viral Hepatitis C Testing | |
| Viral Hepatitis C results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Re-test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid Result: | Did client receive results of test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____ |
| Test lot number (if available): _____ | |

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| Section E: TYPE OF REFERRAL SERVICES (check all that apply) | | | |
| <input type="checkbox"/> Viral Hepatitis Testing | <input type="checkbox"/> Viral Hepatitis Medical Care/ Evaluation/ Treatment | <input type="checkbox"/> Other Support Services | <input type="checkbox"/> General Medical Care |
| <input type="checkbox"/> Viral Hepatitis Confirmatory Testing | <input type="checkbox"/> Reproductive health services/Prenatal care | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Viral Hepatitis Prevention Counseling | <input type="checkbox"/> Tuberculosis Testing | <input type="checkbox"/> Case Management | _____ |
| <input type="checkbox"/> Other Hepatitis Prevention Services | <input type="checkbox"/> STD Screening and Treatment | <input type="checkbox"/> Comprehensive Risk Counseling & Services | <input type="checkbox"/> No Referral Services Received |
| <input type="checkbox"/> Family Counseling & Referral Services | | | |

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| Section F: Confirmatory Testing (if viral Hepatitis C test result is positive/reactive) | |
| Confirmatory Test Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason _____ | Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Results Pending |

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| Patient Refused Vaccine (specify) _____ _____ _____ | Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reason _____ |
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IN USE WITHOUT OMB APPROVAL
Keep for your records