VIRAL HEPATITIS CASE REPORT FORM

As cited in the Interim Guidelines on the Management of Patients with Hepatitis B and Hepatitis C infection, physicians and health care providers of hepatitis treatment facilites shall submit and report data to the Epidemiology Bureau and their regional, provincial and municipal counterparts. **This form is to be filled-out on the initial visit of the client.**
Please write in CAPITAL LETTERS and CHECK the appropriate boxes.

I. VISIT INFORMATION

Consult date: *(mm/dd/yyyy)* _____ / _____ / _____ **Patient code:**

Testing facility name: **Contact no.:**

Facility address: **Client type:** ☐ Walk-in ☐ Referral ☐ In-patient

Tested positive for: ☐ Hepatitis B **Date of baseline HBsAg test:** *(mm/dd/yyyy)* _____ / _____ / _____
☐ Hepatitis C **Date of baseline Anti-HCV test:** *(mm/dd/yyyy)* _____ / _____ / _____

II. CLIENT DATA

Name (full name): _____ _____ _____ _____
First Name Middle Name Last Name Suffix

Unique Identifier Code [UIC]: *First two letters of mother's name* ☐☐ *First two letters of father's name* ☐☐ *Birth order* ☐☐ *Birth date (mm-dd-yyyy)* ☐☐ - ☐☐ - ☐☐☐☐

Sex assigned at birth: ☐ Male ☐ Female If female, is she **pregnant?** ☐ Yes ☐ No

Self identity: ☐ Male ☐ Female ☐ Other **Number of children:** ☐☐☐ ☐ Not applicable

Civil Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed **Nationality:** ☐ Filipino ☐ Other: _____

Age in years: _____ **PhilHealth no.:** ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐

Current address: City/Municipality: Province: Region:

Permanent address: City/Municipality: Province: Region:

III. HISTORY OF EXPOSURE

	No	Yes; within the past 6 months	Yes; more than 6 months ago	Unknown or N/A
Did the client's **mother test positive for Hepatitis B**?	☐	☐	☐	☐
Did the client's **mother test positive for Hepatitis C**?	☐	☐	☐	☐
Did the client's **spouse/partner test positive for Hepatitis B**?	☐	☐	☐	☐
Did the client's **spouse/partner test positive for Hepatitis C**?	☐	☐	☐	☐
Does the client have history of **sharing needle and/or syringe** with others?	☐	☐	☐	☐
Does the client have history of **injecting drug** w/o physician's advice?	☐	☐	☐	☐
Has the client been **accidentally pricked by needles/sharps**?	☐	☐	☐	☐
Did the client **receive a tattoo**?	☐	☐	☐	☐
Was there a history of **sexual intercourse with a male with no condom**?	☐	☐	☐	☐
Was there a history of **sexual intercourse with a female with no condom**?	☐	☐	☐	☐
Does the client **pay (in cash or in kind) for sex**?	☐	☐	☐	☐
Does the client **accept payment (in cash or in kind) in exchange for sex**?	☐	☐	☐	☐
Was there a history of **employment abroad in the past 5 years**?	☐	☐	☐	☐

IV. MEDICAL HISTORY

Is there a **family history of Hepatocellular Carcinoma (HCC) / primary liver cancer**? ☐ Yes ☐ No

Does the client have **hepatocellular carcinoma prior to Hepatitis B and/or Hepatitis C diagnosis?** ☐ Yes ☐ No

Does the client have **history of receiving blood/blood products**? ☐ Yes ☐ No

Does the client have **history of undergoing hemodialysis**? ☐ Yes ☐ No

Prior to the baseline diagnosis of viral hepatitis, did the client tested **positive** to any of the following:

☐ HIV; if the client has history of taking antiretroviral drugs, please specify the drug(s) used: _____ ☐ No meds taken

☐ Hepatitis B; if the client has history of taking antiviral drug(s) for hepatitis B, please specify the drug(s) used: _____ ☐ No meds taken

☐ Hepatitis C; if the client has history of taking direct antiviral agent(s) (DAA), please specify the drug(s) used: _____ ☐ No meds taken

Was there a history of being **vaccinated** for any of the following: ☐ Hepatitis A ☐ Hepatitis B

*(Continue with the clinical assessment for treatment eligibility **using the Viral Hepatitis Care Form**)*

Please send this accomplished form to Epidemiology Bureau - Department of Health , 2/F Rm. 212, Building 19, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila. Contact No: +63 2 8651-7800 loc. 2952