

## **FORM 2**

### **POST TREATMENT MEDICAL ASSESSMENT**

## Section A:

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1. What is the participant's weight?  kg

☐ Not done

2. Has the patient completed HCV therapy? ☐ Yes ☐ No

a. On what date did they stop treatment?

//

b. How many pills did they miss throughout treatment?

\_\_\_\_\_

3. Has the patient suffered any major illness during the last 6 months?

☐ Yes ☐ No

If yes, list the diagnoses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the patient suffered any of the following since whilst on Hepatitis C therapy?

**Death**

☐ Yes ☐ No

If yes, date and cause of death:

\_\_\_\_\_

**Pregnancy**

☐ Yes ☐ No

If yes, date, or expected date, of delivery:

\_\_\_\_\_

**Hospitalization**

☐ Yes ☐ No

If yes, date and causes of hospitalizations:

\_\_\_\_\_

\_\_\_\_\_

**Congenital anomaly of foetus**

☐ Yes ☐ No

If yes, date and cause of anomaly:

\_\_\_\_\_

**Section B:**

**PLEASE ENTER THE MOST RECENT KNOWN RESULT FROM THE MEDICAL RECORD OR SELECT 'NO DOCUMENTED TEST'.**

**1. Qualitative: HCV RNA/PCR test** Test ordered today? ☐ Yes ☐ No

Date of most recent test   /   /

☐ Positive

☐ Negative

☐ No previous documented test

**2. Quantitative: HCV RNA/PCR test** Test ordered today? ☐ Yes ☐ No

Date of most recent test   /   /

☐ Positive \_\_\_\_\_ IU/ml

☐ Negative

**3. HIV RNA**

Date of most recent test   /   /

☐ \_\_\_\_\_ c/ml

☐ No previous documented test

**4. CD4 Cell count**

Date of most recent test   /   /

☐ \_\_\_\_\_ /mm<sup>3</sup>

☐ No previous documented test

## 5. Platelet count

Date of most recent test //

Value: \_\_\_\_\_ x10<sup>9</sup>/L

☐ No previous documented test

## 6. ALT

Date of most recent test //

Value: \_\_\_\_\_ U/L

☐ No previous documented test

## 7. AST

Date of most recent test //

Value: \_\_\_\_\_ U/L

☐ No previous documented test

## 8. Albumin

Date of most recent test //

Value: \_\_\_\_\_ g/L

☐ No previous documented test

## 9. Bilirubin

Date of most recent test //

Value: \_\_\_\_\_ mmol/L

☐ No previous documented test

## 10. Creatinine

Date of most recent test //

Value: \_\_\_\_\_ μmol/L

☐ No previous documented test

**Section C:**

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**PLEASE ENTER THE CURRENT MEDICATION THE PATIENT IS TAKING:**

**Antiretroviral treatment:**

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**Other:**

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