NEW JERSEY DEPARTMENT OF HEALTH COMMUNICABLE DISEASE SERVICE

HEPATITIS C CASE INVESTIGATION WORKSHEET **CDRSS No:**

PATIENT INFORMATION

Name: *Last:* *First:* *Middle:*

Address:
Street: Apt.:
City: County: Zip:

DOB: **Age(years):** **Phone No:**

Sex for Clinical Use:
☐Male ☐Female ☐Unknown ☐Not Stated

Ethnicity:
☐Hispanic ☐Non-Hispanic
☐Unknown ☐Other _____

Race:
☐White ☐Black ☐Asian
☐American Indian or Alaskan Native
☐Native Hawaiian or Pacific Islander
☐Other _____ ☐Unknown

DIAGNOSIS

Has the patient been diagnosed with hepatitis C in the past? ☐Yes ☐No ☐Unknown **Date of Diagnosis:** _____
Has the patient been informed of the new diagnosis? ☐Yes ☐No **Disease information provided?** ☐Yes ☐No
Did this include information about prevention and control? ☐Yes ☐No

LABORATORY INFORMATION AND CLINICAL SYMPTOMS

Most recent laboratory test result and specimen ID:

Test	Anti-HCV ☐	HCV RNA PCR ☐	HCV Genotype ☐	ALT (SGPT) ☐	AST (SGOT) ☐	Bilirubin ☐
Result						
Date (of collection)						

In the past 12 months, did the patient have a negative HCV test?
☐Yes (please attach the laboratory result) ☐No ☐Unknown

Reason for current hepatitis C testing:
☐Routine Testing ☐Elevated LFTs
☐Prenatal Screening
☐Other _____

Did the patient have symptoms of:
☐Jaundice ☐Dark Colored Urine
Date of onset: _____

RISK FACTORS

1. Has the patient ever injected drugs not prescribed by a doctor?	☐Yes ☐No ☐Unknown
2. Has the patient used street drugs that were not injected in the last 12 months?	☐Yes ☐No ☐Unknown
3. Was the patient ever incarcerated for more than 24 hours?	☐Yes ☐No ☐Unknown
4. Is the patient a man who has sex with men?	☐Yes ☐No ☐Unknown
5. Did the patient have 2 or more sexual partners, within the last 6 months? **If yes, how many partners? Male: Female:**	Female: ☐Yes ☐No ☐Unknown Male: ☐Yes ☐No ☐Unknown
6. Did the patient have contact with a person known to have hepatitis C?	☐Sexual ☐Household ☐Other ☐No ☐Unknown
7. Does the patient have occupational exposure to blood (medical or dental)?	☐Yes ☐No ☐Unknown
8. Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood, within the last 6 months?	☐Yes ☐No ☐Unknown
9. Has the patient ever undergone hemodialysis?	☐Yes ☐No ☐Unknown
10. Did the patient have surgery other than oral, within the last 6 months?	☐Yes ☐No ☐Unknown
11. Does the patient have a tattoo?	☐Yes ☐No ☐Unknown
12. Did the patient receive blood or blood products?	☐Yes (before 1992) ☐Yes (after 1992) ☐No ☐Unknown
13. If the patient is < 36 months is the mother hepatitis C positive?	☐Yes ☐No ☐Unknown

General Comments:

Is there anything in the patient's history that warrants further public health investigation? Please explain:

Please return the completed form to:
Local Health Department Name:

Address: _____ NJ
Street Address P.O. Box City State Zip

Contact Name (Last, First): _____
Contact Title: _____
Contact Email Address: _____
Phone#: Fax#:

Name of Clinical Contact: _____ ***Email address of clinical contact:*** _____
Name of Reporting Facility: _____ ***Telephone number of clinical contact:*** _____
Date Sent (to LHD): _____

CDS-17
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