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:
State: County: Zip:

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

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

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

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:

Name of Clinical Contact:
Name of Reporting Facility:
Date Sent (to LHD):

Email address of clinical contact:
Telephone number of clinical contact: