

New Patient Enrolment HOTTeR West Program Case Record Form

Surname:	First name:	Enrolling GP name and address/ stamp:
Gender: Male / Female	DOB:	Source of recruitment: <input type="checkbox"/> Self-referral <input type="checkbox"/> GP initiated
Address:		
Phone: (H)	(M)	
Email:		

Medicare no: _____ **Country of Birth :** _____ **For patients born overseas, year of arrival in Australia:** _____

Ethnic group: Caucasian China Pacific Islander African
 Aboriginal/TSI South East Asian Indian subcontinent Other: _____

Please tick relevant condition/risk factors (as appropriate):

Type 2 Diabetes - year of diagnosis: _____

Overweight/Obese Dyslipidaemia Family history of liver cancer

Currently on treatment for hepatitis B

Medication: _____
Dose: _____

TEST RESULTS	<p>Please enter the RESULTS of the following tests:</p> <p>Hepatitis B Surface Ag (HBsAg): <input type="checkbox"/> POSITIVE</p> <p>Hepatitis B e Antigen (HBeAg): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <p>HBV DNA level (conducted annually) _____ (IU/mL)</p> <p>Alanine Aminotransferase (ALT) level: _____ U/L</p> <p>Alpha fetoprotein (AFP) level (if applicable) : _____ µg/ L</p> <p>Ultrasound results (please attach if applicable): _____</p> <p>Fibroscan results: _____ (or attach) _____</p>	<p>Consider hepatocellular carcinoma (HCC) surveillance (6monthly ultrasound and AFP) in these HBsAg positive groups:</p> <ul style="list-style-type: none"> • Asian men > 40 years of age • Asian women > 50 years of age • Africans > 20 years of age • Aboriginal and Torres Strait Islander >50 years of age • Patients with Cirrhosis • Family history of HCC
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F O L L O W U P	GP FOLLOW-UP	<p>All HBsAg positive patients with NORMAL ALT and undetectable or low HBV DNA level (less than 2000 IU/mL) need 6-monthly GP FOLLOW-UP, involving:</p> <ul style="list-style-type: none"> • History and physical examination • Review HBsAg, HBeAg, ALT level results (test every 6 months) • Review HBV DNA results (test annually) • HCC surveillance as per current guidelines - see above. <p><input type="checkbox"/> **Please tick this box if you would like HOTTeR West program to organise blood tests on your behalf</p>
	SPECIALIST or CLINIC REFERRAL	<p>All HBsAg positive patients with ABNORMAL ALT and elevated viral load (HBV DNA greater than 2000 IU/mL) or suspected chronic liver disease need specialist referral.</p> <p>Specialist's name: _____ Date of referral: _____</p> <p>Clinic name: _____</p>

PATIENT CONSENT

• I acknowledge that I explained to _____ about the health risks associated with hepatitis B, the benefits of regular monitoring in improving disease outcomes, and that by joining the HOTTeR West program they will receive six monthly reminder letters to undergo blood tests and attend my practice for follow up.

• The patient agrees to enrolment in the HOTTeR West program and to the recording of pathology results and clinical information as approved by the National Ethics Application Form process and the RACGP National Research and Evaluation Ethics Committee for use in this research project. I have explained to my patient that all collected information will remain confidential and will be stored in accordance with strict privacy protection procedures. Only authorised study staff will have access to the data. Names will be removed from records and replaced with a unique study ID as soon as possible after data collection and before data analysis. Participants will not be able to be identified, either directly or indirectly, when the results of the study are reported.

GP Signature: _____ **Date:** _____