



Special Visit Form (Adult)

Patient ID ____ - ____ - ____

Date of Evaluation: ____ / ____ / ____

SECTION I: REASON FOR VISIT

Instructions: Record the reason the patient was brought in for evaluation. Check only one.

Exception: if the patient is pregnant at the time of the visit, and pregnancy is not the reason for the visit, check the reason for the visit and check "Pregnancy, pre-delivery" and provide the date of the last menstrual period.

- | | | | |
|--|---|--|------------|
| 1 <input type="checkbox"/> HBsAg loss | 6 <input type="checkbox"/> Fibroscan | 8 <input type="checkbox"/> Pregnancy, pre-delivery - Date of last menstrual period: ____/____/____ | |
| 2 <input type="checkbox"/> HBeAg loss | 7 <input type="checkbox"/> Breath test | 9 <input type="checkbox"/> Pregnancy, post-delivery | (mm/dd/yy) |
| 3 <input type="checkbox"/> Liver biopsy | 10 <input type="checkbox"/> Other liver-related _____ | | |
| 4 <input type="checkbox"/> ALT flare | } If initial diagnosis, date of diagnosis or onset (mm/dd/yy): ____ / ____ / ____ | | |
| 5 <input type="checkbox"/> Acute hepatitis | | | |

SECTION II: SEROLOGIES

Instructions: Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

	Positive	Negative	Equivocal	Not done
1. HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anti-HDV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: VIROLOGY TESTS

1. HBV DNA level: _____ Not done Date (mm/yy): ____/____
- Method/Unit: 1 IU/mL 2 copies/mL Lower limit of detection: _____

SECTION IV: LABS

Instructions: Record the result for each. If a lab was not completed at the time of this evaluation, check "Not done".

1. Was the patient fasting for this visit (optimal 12 hours, minimum of 8 hours)? Yes No
- If Yes, number of hours fasting (round to nearest hour): ____

				Not Done
a. White blood cells	____.____	x10 ³ /mm ³	<input type="checkbox"/>	<input type="checkbox"/>
b. Platelets	____.____	x10 ³ /mm ³	<input type="checkbox"/>	<input type="checkbox"/>
c. Hemoglobin	____.____	g/dL	<input type="checkbox"/>	<input type="checkbox"/>
d. Hematocrit	____.____	%	<input type="checkbox"/>	<input type="checkbox"/>
e. ALT	____.____	IU/L	<input type="checkbox"/>	<input type="checkbox"/> ALT normal range: ____ - ____
f. AST	____.____	IU/L	<input type="checkbox"/>	<input type="checkbox"/> AST normal range: ____ - ____
g. Alkaline phosphatase	____.____	IU/L	<input type="checkbox"/>	<input type="checkbox"/> Alk P normal range: ____ - ____
h. Total bilirubin	____.____	mg/dL	<input type="checkbox"/>	
i. Direct bilirubin	____.____	mg/dL	<input type="checkbox"/>	
j. Indirect bilirubin	____.____	mg/dL	<input type="checkbox"/>	
k. Albumin	____.____	g/dL	<input type="checkbox"/>	
l. Total protein	____.____	g/dL	<input type="checkbox"/>	
m. Creatinine	____.____	mg/dL	<input type="checkbox"/>	
n. Alpha-fetoprotein	____.____	ng/mL	<input type="checkbox"/>	
o. INR	____.____		<input type="checkbox"/>	
p. Glucose	____.____	mg/dL	<input type="checkbox"/>	



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SECTION V: EVALUATION ASSESSMENTS

Instructions: Record tests performed as part of this evaluation. Record the date that each assessment was performed, as part of this evaluation.

1. Symptom Assessment Yes No
2. Fibroscan Yes No Date ____ / ____ / ____ Complete Fibroscan form
3. Breath test Yes No Date ____ / ____ / ____ Complete Breath Test form
4. Liver biopsy Yes No Date ____ / ____ / ____ Complete Liver Biopsy form
5. Pregnancy Yes No Date ____ / ____ / ____ Complete the appropriate Pregnancy form

NOTE: Complete the Flare Resolution form following resolution of flare.

SECTION VI: BIOSPECIMENS

1. Were serum/plasma samples obtained? Yes No

If Yes, (check all that apply): NIDDK repository Genetics Immunology study Central testing lab

Data collector initials: ____

Date data collection completed (mm/dd/yy): ____ / ____ / ____