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Demographics

Sex: M

Year of birth:

Place of birth:

Ethnicity:

Year coming to US:

Family history of CHB:

Family history of cirrhosis:

Family history of HCC:

Parenteral risk factors?

Individual risks: IDU; Tattoos; Blood transfusion; Dialysis; High risk sex:

Alcohol history:

Insurance: Private/Medicare/Medicaid/Uninsured

Clinical

Cirrhosis: (yes/no) (**based on what assessment?**) US/FIB-4

Fatty liver:

Diabetes mellitus / **type:**

Hypertension:

Dyslipidemia:

Height:

Weight:

Anti-viral therapy:

Date starting anti-viral therapy:

Name of anti-viral therapy:

Prior interferon treatment:

Other medications, herbs or supplements:

Laboratory/Date

HBeAg:

Anti-HBe:

HBV DNA:

HBV genotype and mutation status:

ALT:

AST:

Albumin:

Bilirubin:

Platelet:

AFP:

Anti-HCV: \HAV-Ab Total;

HIV Ab ½:

HDV IgG date: (-), 1/24/2022

HDV RNA

HCC Surveillance:ultrasound/**other imaging** q 6-12 months (Y/N)