



**Risk Factors/Reason for Testing (check all that apply)**

- Blood transfusion prior to 1992  Yes  No  Unknown
- Organ transplant prior to 1992  Yes  No  Unknown
- Clotting factor concentrates produced prior to 1987  Yes  No  Unknown
- Long term hemodialysis  Yes  No  Unknown
- Injection drug use, ever, even if only one time  Yes  No  Unknown
- Injection drug use, currently using or within the last 6 months  Yes  No  Unknown
- Non-injection illicit drug use  Yes  No  Unknown
- Incarceration  Yes  No  Unknown
- Employed in medical/dental/public safety or other field involving direct contact with blood  Yes  No  Unknown
- Tattoo (prison, home or non-professional)  Yes  No  Unknown
- Year of birth 1945-1965 (i.e. "baby boomer")  Yes  No  Unknown
- Household contact of a person who had hepatitis C  Yes  No  Unknown
- Sexual contact with a person who had hepatitis C  Yes  No  Unknown

Has the patient ever had sexual contact with (check all that apply):

- Males  Females  Transgendered  Unknown

**If no risk factors listed above:**

Has patient had a medical procedure (e.g. surgery, colonoscopy, etc.) or hospital stay within the last 6 months?

- Yes  No  Unknown

If yes, Type: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health Care Provider Referral Information**

Has this patient been referred to another healthcare provider for follow-up care?  Yes  No  Unknown

If yes, what type of specialist:  Infectious Disease  Gastroenterologist  Other: \_\_\_\_\_

Referral Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Referral Provider Facility/Practice Name \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health Care Provider Reporting Information**

Person Completing Report Form \_\_\_\_\_

Ordering Provider \_\_\_\_\_ Phone \_\_\_\_\_

Provider Facility/Practice Name \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fax to: (603) 271-0545**

**NH Department of Health and Human Services**

**Bureau of Infectious Disease Control**

**Office Phone: 603-271-4496**

**For NH DHHS Use Only**

- Acute:  Confirmed  Probable
- Chronic:  Confirmed  Probable
- Cleared Infection
- Unknown
- Not a case of any type of hepatitis C