**Community Pharmacy** **Hepatitis C Antibody Testing Service – Clinical Record Form**

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| **Individual’s details** \* indicates sections that must be completed |
| First name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Postcode |   |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth\* |  |  |  |  |  |  | NHS No. |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender\* | [ ]  Male [ ]  Female |
| Ethnic group | **A - White**[ ]  White - British[ ]  White - Irish[ ]  White - Any other White background | **B - Mixed**[ ]  Mixed - White and Black Caribbean[ ]  Mixed - White and Black African[ ]  Mixed - White and Asian[ ]  Mixed - Any other mixed background |
| **C – Asian or Asian British**[ ]  Asian or Asian British - Indian[ ]  Asian or Asian British - Pakistani[ ]  Asian or Asian British - Bangladeshi[ ]  Asian or Asian British - Any other Asian background | **D – Black or Black British**[ ]  Black or Black British - Caribbean[ ]  Black or Black British - African[ ]  Black or Black British - Any other Black background  |
| **E – Chinese or other ethnic group** [ ]  Chinese [ ]  Any other ethnic group |
| Country of birth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| GP practice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of test\* |  / / |
| Test used\* | InTec Rapid Anti-HCV Test |
| Test result\* | [ ]  Positive [ ]  Negative |
| Has the individual previously received treatment for hepatitis C? | [ ]  Yes [ ]  No |
| Where the individual consents to referral, which outreach clinic would they like to be referred to?(The individual should select a clinic from the list provided by the ODN) |  |
| Test undertaken by\*(pharmacist/pharmacy technician name) |  |

**CONFIDENTIAL**