



## Patient Readiness and Adherence for Hepatitis C Treatment

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

- Patient has been evaluated for readiness to initiate Hepatitis C Treatment
- Patient has been counseled and is willing to adhere to Hepatitis C treatment prescribed and will follow up with future lab tests
- Patient has been educated about the potential for drug resistance if medication is not taken as directed
- Patient has been counseled on reducing and preventing risk of exposure and transmission of the disease

Patient would like to receive medications at:

- Home (first fill in-clinic) at address: \_\_\_\_\_ every 4 weeks
- Main Clinic every  2  4 weeks

If neither of the above are possible, what method has been established for receiving medications?

- STOMP location \_\_\_\_\_ every  2  4 weeks
- Other: Location \_\_\_\_\_ time interval \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

- [Provider Name]     [Provider Name]     [Provider Name]
- [Provider Name]     [Provider Name]     \_\_\_\_\_