**Roles and responsibilities checklist**

|  |  |  |
| --- | --- | --- |
| Patient Name: |  | Date: |
| Address: |  |  |
| Phone number: | Email: |  |
| DOB: | Medicare Number: | Not eligible? |

|  |  |  |
| --- | --- | --- |
|  | **Referring clinician** | **Hepatitis B S100 community prescriber** |
| Regular HBV monitoring |  |  |
| \* date of last HBV DNA/ test ordering |  |  |
| HCC surveillance |  |  |
| Patient key contact |  |  |
| Medication needs |  |  |
| Review frequency |  |  |
| Communication sheet given to patient |  |  |
| GPMP & TCA agreements |  |  |
| Education (ongoing) |  |  |
| Contact Details (name and address) |  |  |

This has been discussed with the patient and they are aware of the shared care model

Next Appointment w Hepatitis B s100 community prescriber is:

With blood tests: Y N

With ultrasound: Y N for 2 weeks before appointment

ASHM B Referred **1**

