

## 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