**Sussex Hepatology ODN – Hepatitis C patient referral form**

Send to [uhsussex.viralhepatitisteam@nhs.net](mailto:uhsussex.viralhepatitisteam@nhs.net)

When sending referrals please send from **nhs.net** or **CJSM** email (due to confidentiality)

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| --- | --- | --- | --- | --- | --- |
| **Referral details** | | | | | |
| **Client Name** |  | | | | |
| **Nebula Number** |  | | | | |
| **Date of Birth** |  | **NHS Number** | |  | |
| **Address (inc postcode)** |  | | | | |
| **Registered GP** |  | | | | |
| **GP postcode** |  | | | | |
| **Consent to share** | **YES**  **NO** | | | | |
| **Hepatitis C Antibody result** |  | | **Test Date** | |  |
| **Hepatitis C PCR/RNA result** |  | | **Test Date** | |  |
| **Referral organisation and location (e.g. CGL – Lift House)** |  | | | | |
| **Name of referrer & position** |  | | | | |
| **Referral Date** |  | | | | |
| **Client has been informed of their result** | **YES**  **NO** | | | | |
| **Client has agreed to receive support from Hep C Trust** | **YES**  **NO** | | | | |
| **Clients contact number** |  | | | | |