

County of Santa Clara

Public Health Department



Communicable Disease Prevention & Control
 Perinatal Hepatitis B Prevention Program
 150 W. Tasman Dr, 1st Floor
 San José, CA 95134

408.970.2830 | fax: 408.792.1304 website: <http://sccphd.org/PerinatalHepBProvider>

Patient Information Form

Date: _____ Phone: _____ Fax: _____

To: _____ From: _____

The purpose of this form is to prevent a perinatal Hepatitis B case. Our office received a positive Hepatitis B surface antigen (HBsAg+) report on the patient below. The response to this investigation is required by the CA Code of Regulations. **Please complete and email this form back within the next 72 hours.**

Patient's Name (<i>Last, First, Middle</i>)		Gender	Date of Birth	MR #
HBsAg (Hep B surface antigen) Result Date of Test _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative		HBeAg (hep B e antigen) Result Date of Test _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Tested		Hepatitis B Viral Load Date of Test _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unknown
Pregnancy Status <input type="checkbox"/> Pregnant <input type="checkbox"/> Non-pregnant <input type="checkbox"/> Recently delivered <input type="checkbox"/> Unknown		Estimated/Actual Delivery Date (<i>month/day/year</i>)		Referring Provider (<i>Print name, signature, phone number, date</i>)
		Planned/Actual Delivery Hospital		
If Pregnant, Check All Known Hepatitis B Related Risk Factors:				
<input type="checkbox"/> Teen mother		<input type="checkbox"/> Previous child/children Infected with Hep B virus		
<input type="checkbox"/> Mother is newly infected (new Hep B converter)		<input type="checkbox"/> Infant's birth weight under 2000g (4.4lbs)		
<input type="checkbox"/> Mother lacks Hep B knowledge		<input type="checkbox"/> Missed/delayed HBIG and/or HBV #1 for infant		
<input type="checkbox"/> History of non-compliance		<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Mother has high Hep B viral load/is highly infectious				
Patients Address (<i>street name, apt #, city</i>)				
Best way to contact patient is: Cell: _____ Work: _____ Email: _____		Insurance (check one): <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> No Insurance <input type="checkbox"/> Unknown		Social Security #: Race/Ethnicity: Country of birth: Does this patient read English? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please state preferred language)

Hepatitis B infection is one of the diseases listed in The California Code of Regulations that health care providers are required to report to the local health department. Mandated public health reporting is exempt from HIPAA restrictions: patient consent is not required.

Board of Supervisors: Sylvia Arenas, Cindy Chavez, Otto Lee, Susan Ellenberg, S. Joseph Simitian
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