

County of Santa Clara

Public Health Department

Disease Prevention & Control

Perinatal Hepatitis B Prevention Program

976 Lenzen Avenue, Suite 1203

San Jose, CA 95126

Tel (408) 885-4214 Fax (408) 792-1304 www.sccphd.org/perinatalhepb



Perinatal Hepatitis B Prevention Program Referral

To refer an HBsAg–positive woman who is pregnant or has recently delivered to the Perinatal Hepatitis B Prevention Program (PHBPP) for case management, please complete and fax this form to **408-792-1304**.

Note: Remember to check the risk factors below.

Patient's Name (<i>Last, First, Middle</i>)		Gender F	Date of Birth	SCVMC MR #
HBsAg (Hep B surface antigen) Result		HBeAg (Hep B e antigen) Result		Hepatitis B Viral Load
Date of Test _____		Date of Test _____		Date of Test _____
<input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Tested		<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Unknown
<input type="checkbox"/> Pregnant <input type="checkbox"/> Recently Delivered		Estimated/Actual Delivery Date (month/day/year):		Planned/Actual Delivery Hospital
Check All Known Hepatitis B Related Risk Factors:				
<input type="checkbox"/> Teen mother <input type="checkbox"/> Mother is newly infected (new hepatitis B converter) <input type="checkbox"/> Mother lacks hepatitis B knowledge <input type="checkbox"/> Mother has high Hep B viral load/is highly infectious		<input type="checkbox"/> History of noncompliance <input type="checkbox"/> Previous child/children infected with Hep B virus <input type="checkbox"/> Infant's birth weight under 2000g (4.4 lbs) <input type="checkbox"/> Missed/delayed HBIG and/or HBV#1 for infant <input type="checkbox"/> Other (specify):		
Patient's Address				
Best way to contact your patient is:		Insurance: (√ one)		S.S.N.
Home _____		<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Govt. 3 rd party payer <input type="checkbox"/> Private		Race /Ethnicity
Work _____		<input type="checkbox"/> Self-pay <input type="checkbox"/> Low Income <input type="checkbox"/> Unknown / Other		Can this patient read English?
Cell _____		<input type="checkbox"/> Yes (If no, please state preferred language): _____ <input type="checkbox"/> No		
E-mail _____				

X _____
Referring Provider/Physician's Name (printed or stamped)

Phone Number

Date

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 public health department. Mandated public health reporting is exempted from HIPAA restrictions; patient consent is not required.

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