



DEADLY LIVER MOB

Resources

Intake Card

File # (for SH Use only): _____

Age: _____ Project # _____

Name/known as: _____

Contact #: _____ Suburb: _____

Date: _____

Recruited by: _____ Project Layer: _____

Payment schedule

Participation \$10

Education \$5 or \$10

SHC Screening

Round 1	Round 2	Round 3
Screening HCV, SH, HBV vaccination	Follow-Up Results +/- 2nd vaccination	Follow-up (if req'd) for 3rd vaccination or treatment
\$10 voucher	\$10 voucher	\$10 voucher
SH RN Sign/ stamp date	SH RN Sign/stamp date	SH RN Sign/stamp date

Comments: