

## HEMOCHROMATOSIS



CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. Please list date of first diagnosis: \_\_\_\_\_

2. What organs are involved? (check all that apply)

- ☐ Liver
- ☐ Pancreas (diabetes)
- ☐ Joints
- ☐ Heart
- ☐ Pituitary

3. When was the last phlebotomy treatment? \_\_\_\_\_

4. Was a liver biopsy done? \_\_\_\_\_ Please provide a copy.

5. If available, please provide the most recent serum ferritin result: \_\_\_\_\_

6. Is client on any medications? (accurate name, dosage, and reason)

7. Does client have any other major health problems? (additional questionnaires may be required)