

HEPATITIS



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Give date of diagnosis: _____
2. What type of hepatitis: __A __B __C
3. Was the hepatitis due to:
__hepatitis A __hepatitis C (non-A/non-B)
__hepatitis B, resolved __hepatitis B, carrier or chronic infection
__other, please specify _____
4. Please give the date and results of the most recent liver enzyme tests:
AST/SGOT _____
ALT/SGPT _____
GGTP _____
5. Does the client drink alcohol?
__yes; amount and frequency _____
__no
6. Please check if any of the following studies have been completed:
__liver ultrasound or CT scan __normal __abnormal
__liver biopsy __normal __abnormal
__no further evaluation
7. Has client been diagnosed with any of the following:
__chronic hepatitis
__cirrhosis
8. Was there any treatment done? If yes, what type?
9. When did treatment start and terminate?
10. Was treatment successful in eliminating the virus?
11. Is client taking any medication? (accurate name, dosage, and reason)
12. Does client have any other major health problems?
(additional questionnaires may be required)