

## LIVER TESTS



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. How long has this abnormality (elevated liver enzymes) been present?
  
2. Please give the date and results of the most recent liver enzyme tests.
  - a) AST/SGOT \_\_\_\_\_
  - b) ALT/SGPT \_\_\_\_\_
  - c) GGTP \_\_\_\_\_
  - d) ALP \_\_\_\_\_
  - e) Billirubin \_\_\_\_\_
  
3. Have these results been
  - \_\_\_ increasing
  - \_\_\_ decreasing
  - \_\_\_ fluctuating up and down
  - \_\_\_ stable
  - \_\_\_ unknown
  
4. Does client drink alcohol? (answer all that apply)
  - \_\_\_ yes; please note amount and frequency \_\_\_\_\_
  - \_\_\_ no
  - \_\_\_ drinking pattern changed recently \_\_\_\_\_
  
5. Is client on any medications (prescription/non-prescription)?  
(accurate name, dosage, and reason)