

Hemochromatosis

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of hemochromatosis, please answer the following:

1. Please list date of 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 your client on any medications?

yes, please give details _____

no

7. Has your client smoked cigarettes in the last 12 months?

yes, please give details _____

no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

yes, please give details _____

no