

Hepatitis A, B, C

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had hepatitis, please answer the following:

1. Please list date of diagnosis: _____

2. Was the hepatitis due to:

hepatitis A

hepatitis C (non-A/non-B)

hepatitis B, resolved

other, please specify _____

hepatitis B, carrier or

chronic infection

3. Please give the date and results of the most recent liver enzyme tests:

a) AST/SGOT _____

b) ALT/SGPT _____

c) GGTP _____

4. Is your client on any medications?

yes, please give details _____

no

5. Does your client drink alcohol?

yes, please note amount and frequency _____

no

6. Please check if any of the following studies have been completed

a) liver ultrasound or CT scan normal abnormal

b) liver biopsy normal abnormal

c) no further evaluation

7. Has your client been diagnosed with any of the following

chronic hepatitis

cirrhosis

8. Has your client been treated with interferon or anti-viral drugs?

yes, please give details _____

no

9. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details _____

no

Please submit a copy of the hepatitis studies and liver biopsy report if completed.