

HEPATITIS

CLIENT NAME: _____
Submit the Impaired Risk 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? (name & dosage) Correct spelling is important.
12. Does client have any other major health problems? :