

HEPATITIS

Producer Name _____

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)

Please fax form to 612-392-7644 or email to mvp@mvp-servicesolutions.com