Hepatitis C Clinic Intake History

How do you think you contacted Hepatitis C?

* IV drug use
* Shared snorting straws
* Tattoos performed in an unsterile setting
* Blood transfusion – if yes, year \_\_\_\_\_\_\_\_\_\_\_
* Sexual partner with Hepatitis C

What year were you told you had Hepatitis C? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated for Hepatitis C? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a liver biopsy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substance use – Current use does **NOT** disqualify you from treatment and may increase your chance for treatment approval

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the past year, how often have you used the following: | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
| Alcohol |  |  |  |  |  |
| Tobacco products |  |  |  |  |  |
| Marijuana |  |  |  |  |  |
| Methamphetamines |  |  |  |  |  |
| Heroin |  |  |  |  |  |
| Prescription drugs for non-medical reasons |  |  |  |  |  |
| Other illegal drugs |  |  |  |  |  |

When given a daily medication how many days per week do you forget to take it? \_\_\_\_\_\_\_

Symptom review – check if you have had the following in the last year:

* Swollen stomach
* Recurring confusion
* Extreme fatigue (tiredness)
* Bleeding with bowel movements

Are you or your partner considering getting pregnant in the next year? \_\_\_\_\_\_\_