

## Infectious Disease Hepatology Clinic Intake Form

What year did you find out about your HIV infection? \_\_\_\_\_

What year did you find out about your hepatitis infection? \_\_\_\_\_

Have you ever received treatment for your hepatitis? Yes    No

### Hepatitis Risk Factors:

- |  |     |    |
|--|-----|----|
| 1. Have you ever had sex with someone with hepatitis?      | Yes | No |
| 2. Have you ever shared a toothbrush with anyone?          | Yes | No |
| 3. Have you ever shared a razor with anyone?               | Yes | No |
| 4. Have you ever received a blood transfusion before 1995? | Yes | No |
| 5. Have you ever used a needle to inject drugs?            | Yes | No |
| If yes, year of first use _____                            | Yes | No |
| 6. Have you ever had a tattoo?                             | Yes | No |
| 7. Have you ever accidentally been stuck with a needle?    | Yes | No |
| 8. Have you ever snorted cocaine?                          | Yes | No |
| 9. Did your mother have liver problems?                    | Yes | No |

### Medical History:

- |   |     |    |
|---|-----|----|
| 1. Have you ever had depression?                    | Yes | No |
| 2. Have you ever had bipolar disease?               | Yes | No |
| 3. Have you ever had schizophrenia?                 | Yes | No |
| 4. Have you ever had rheumatoid arthritis or lupus? | Yes | No |

### Review of Symptoms:

- |   |     |    |
|---|-----|----|
| 1. Do you have hemorrhoids?                                   | Yes | No |
| 2. Do you get depressed or have thoughts of hurting yourself? | Yes | No |
| 3. Do you ever have swelling of your ankles?                  | Yes | No |
| 4. Do you ever have swelling of your belly?                   | Yes | No |
| 5. Do you ever throw up anything looking like coffee grounds? | Yes | No |
| 6. Do you ever have a bowel movement that is black?           | Yes | No |
| 7. Do you ever get blisters or sores on your hands?           | Yes | No |
| 8. Do you ever get yellowing of your eyes or skin?            | Yes | No |
| 9. Do you have problems with remembering things?              | Yes | No |

### Social Habits:

- |  |     |    |
|--|-----|----|
| 1. How many drinks of alcohol (beer, wine, cocktails) do you have each week? _____ |     |    |
| 2. When was your last drink of alcohol? _____                                      |     |    |
| 3. When was the last time you snorted cocaine? _____                               |     |    |
| 4. When was the last time you used a needle to shoot up drugs? _____               |     |    |
| 5. When was the last time you skin-popped a drug? _____                            |     |    |
| 6. Do you eat raw oysters or shrimp?   | Yes | No |
| 7. Do you cook with raw oysters or shrimp?   | Yes | No |



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