



Form must be completed prior to testing for hepatitis B and C. Keep completed form in client record.

Hepatitis B & C Risk Assessment Form

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: _____ **Date of Birth (mm/dd/yyyy):** _____ **Age:** _____

Sex: M F **Race:** W B Asian/PI American Indian/Alaskan Native Other Unknown

Ethnicity: Hispanic Haitian Non-Hispanic Unknown

Test and vaccination history (Check all that apply)

1. Have you ever had hepatitis?----- Yes No Unknown
If yes, what kind? A B C Other Unknown

2. Have you ever been told that you tested positive for hepatitis?----- Yes No Unknown
If yes, what kind? A B C Other Unknown

3. Have you ever received the hepatitis A vaccine?*------ Yes No Unknown
If yes, how many doses? 1 2 Unknown

4. Have you ever received the hepatitis B vaccine?*------ Yes No Unknown
If yes, how many doses? 1 2 3 Unknown

*This can be either the individual A or B vaccines or the A and B combined vaccine.

Risk Exposures: CDC defined high risk groups for HCV infection

1. Have you ever received a transfusion of blood or blood components?
 Yes No Unknown
If yes, any before July 1992? Yes No Unknown

2. Have you ever received clotting factor concentrates?
 Yes No Unknown
If yes, any before July 1987? Yes No Unknown

3. Have you ever received an organ transplant?
 Yes No Unknown
If yes, any before 1992? Yes No Unknown

4. Have you ever been told that you received blood, blood components or organs from a person who later tested positive for hepatitis C?
 Yes No Unknown

5. Have you ever been told that you had liver enzyme results higher than normal?
 Yes No Unknown

6. Have you ever received hemodialysis?
 Yes No Unknown

7. Have you ever, even once, injected drugs to get high?
 Yes No Don't know

8. Why do you want to be tested for hepatitis C? (Check all that apply)

<input type="checkbox"/> Risk factor listed above (#1-7)	<input type="checkbox"/> Long term sexual partner with hepatitis C
<input type="checkbox"/> Household contact of a person with hepatitis C	<input type="checkbox"/> Shared needles for vitamins/medications
<input type="checkbox"/> Born to a mother with hepatitis C	<input type="checkbox"/> Previous HCV positive
<input type="checkbox"/> Sexually transmitted diseases	<input type="checkbox"/> Occupational risk
<input type="checkbox"/> Sex for money	<input type="checkbox"/> Jails-inmate
<input type="checkbox"/> Multiple sexual partners	<input type="checkbox"/> Needlestick injury
<input type="checkbox"/> Sexual Preference	<input type="checkbox"/> Prisons-inmate
<input type="checkbox"/> Tattoos	<input type="checkbox"/> Body piercing
	<input type="checkbox"/> Snorting Drugs
	<input type="checkbox"/> Other _____

Test Type: Serological Home Test Kit in clinic Home Test Kit Refused

Interviewer's name (PLEASE PRINT): _____

Date: _____ County: _____ Clinic/Site (e.g., RH,STD, HIV/AIDS, jail): _____