medicus clinic
specjalistyczne
centrum
medyczne

.....
(branch stamp)

AN EPIDEMIOLOGICAL INQUIRY IN THE DIRECTION OF THE RISK OF HBV AND HCV INFECTION

Patient's name and surname .....

Full name of the legal representative* .....

PESEL SOCIAL SECURITY NUMBER / DATE OF BIRTH OF THE PATIENT* .....

INTERVIEW refers to the period of **6 months** prior to admission to the hospital!

	Yes	No
1. Have you/your child* been ill with viral hepatitis, jaundice? If so, when?	☐	☐
2. Have you/your child* been treated in other health care facilities, including private practices? If so, where and when?	☐	☐
3. Have you/your child* had contact with a hepatitis B, hepatitis C patient? If so, where and when?	☐	☐
4. Have you/your child* received injections, drip-bags, transfusions*? If so, where and when?	☐	☐
5. Have you/your child* had any procedures (biopsies, punctures, acupuncture, surgery, blood draws)* performed on the skin? If so, where and when?	☐	☐
6. Have you/your child* ever been vaccinated against hepatitis B? if so, how many times?	☐	☐
7. Have you/your child* undergone endoscopic examination? If so, where and when?	☐	☐
8. Have you/your child* used the services of dental surgeries? (extraction of teeth, fillings, removal of tartar)*? If so, where and when?	☐	☐
9. Have you/your child* used the services of ophthalmologist? If so, where and when?	☐	☐
10. Have you/your child* used the services of hairdressers, beauty treatments (manicure, pedicure, tattoo, ear piercing, shaving with razor, etc.)*? If so, where and when?	☐	☐

....
signature of the interviewer | date | signature of the Patient / legal representative*

* cross out as necessary

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