



**If you are not local (in Las Cruces)**

CIRCLE ONE

CIRCLE ONE

Are you stable to travel?      **Y**   **N**      Can you stay 5 day min., possibly every 3 months?      **Y**   **N**

**Complete this section if concerns involve the liver**

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ANSWER IF YES

Any ascities (fluid buildup in the abdomen)?	<b>Y</b>	<b>N</b>	What size belly, like a pregnancy ____ month.
Belly being tapped?	<b>Y</b>	<b>N</b>	How often? _____
Had Interferon/Ribaviron/Peg?	<b>Y</b>	<b>N</b>	When? _____

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Alcohol Use?	<b>Y</b>	<b>N</b>	Frequency: _____
Drug Use?	<b>Y</b>	<b>N</b>	Frequency: _____
Support Group?	<b>Y</b>	<b>N</b>	

Lab Values:      Albumin: \_\_\_\_\_      Prottime/Prothrombin: \_\_\_\_\_      Platelet: \_\_\_\_\_  
 Date of Labs: \_\_\_\_\_

**Complete this section if concerns involve cancer.**

(Only if local. Out of town cancer patients may come for lifestyle/supplement recommendations only).

Diagnosis:

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Have you had a G6PD enzyme test? If yes, result _____	<b>Y</b>	<b>N</b>
Any ascities (fluid buildup in the abdomen)? If yes, what size belly, like a pregnancy ____ months.	<b>Y</b>	<b>N</b>
Belly being tapped? If yes, how often? _____	<b>Y</b>	<b>N</b>

**Additional Comments**

Attach additional pages if necessary, 8 page limit.

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