



Patient Information Form

Given Name		Middle name		Surname	
Address		City		Postcode	
Date of Birth	Height	Weight	Ethnicity	Gender	
GP Name		GP Address			
If you have any disability, please enter information here <i>Please note that we do not have access to a Hoist</i>					
Reason for wanting a FibroScan®					
Any Previous FibroScan®?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No. of Scans:		
No of Scans:			Date of last FibroScan®:		
Result:					
CAP:					
KPa:					
Any of the Following Comorbid conditions:					
Type 2 Diabetes:	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
	<i>Insulin dependent?</i>		Yes <input type="checkbox"/>		
			No <input type="checkbox"/>		
Hypertension	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

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High cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardiovascular disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Heart Attack?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Stroke?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAFLD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NASH	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More than 14 standard Alcohol drinks a week	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis C	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hemochromatosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cirrhosis of the Liver	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Do you have Ascites?</i> <i>*If yes this may affect the ability to obtain a FibroScan®</i>	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
On Methotrexate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other condition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please supply details below:		

If you have had recent blood tests, then please bring these to your appointment.

