



# HCV RISK HISTORY

\* CLIENT: \_\_\_\_\_  
\* LAST NAME \* FIRST NAME Middle

\* EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

## \* IDENTIFIED RISK FACTORS

*Select All That Apply – At Least One Selection Is Required*

- BLOOD TRANSFUSION / ORGAN TRANSPLANT PRIOR TO 1992
- CLOTTING FACTOR CONCENTRATE PRODUCED PRIOR TO 1987
- LONG TERM HEMODIALYSIS
- INJECTION DRUG USE (EVER)
- SEX WITH MULTIPLE PARTNERS
- MSM
- SEX WITH HCV INFECTED PERSON
- HOUSEHOLD CONTACT OF HEPATITIS C INFECTED PERSON
- OCCUPATIONAL EXPOSURE
- TATTOO / BODY PIERCING
  
- UNKNOWN (NO IDENTIFIED RISK FACTORS)