



Hair Sciences Center
OF COLORADO

Lab Questionnaire

HAVE YOU TESTED POSITIVE FOR ANY OF THE FOLLOWING?

HIV Yes _____ No _____

DIABETES Yes _____ No _____

HEPATITIS A Yes _____ No _____

HEPATITIS B Yes _____ No _____

HEPATITIS C Yes _____ No _____

PROLONGED BLEEDING TIMES Yes _____ No _____

OTHER _____

DATE OF LAST LAB SCREENING _____

HAVE YOU TRAVELED OUTSIDE THE UNITED STATES
WITHIN THE LAST YEAR? Yes _____ No _____

DO YOU HAVE A HISTORY OF IV DRUG USE, BLOOD TRANSFUSIONS,
OR ARE YOU AT RISK FOR HIV OR HEPATITIS? Yes _____ No _____

HAVE YOU EVER EXPERIENCED JAUNDICE? Yes _____ No _____