Extended Medical History Questionnaire for HEPATIC TUMORS

(This detailed questionnaire helps the physician assess risk factors, symptoms, and relevant medical history. Please complete it carefully!)

I. General Information

- Full name: _____
- Personal Identification Number: _____
- Age: _____
- Sex: ☐ M ☐ F
- Weight: _____
- Height: _____
- Occupation: _____
- Phone / Email: _____
- Medical unit / department code: _____
- Workplace (exposure to toxins/chemical substances): _____

II. Current Symptoms (Check all that apply)

- ☐ Right upper abdominal pain or discomfort
- ☐ Jaundice (yellowing of skin and eyes)
- ☐ Chronic unexplained fatigue
- ☐ Unintentional weight loss
- ☐ Loss of appetite
- ☐ Nausea and/or vomiting
- ☐ Abdominal bloating or ascites
- ☐ Skin itching
- ☐ Easy bruising or bleeding tendency

III. Personal Medical History (Have you been diagnosed with one of the following conditions?)

- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Liver cirrhosis
- ☐ Non-alcoholic fatty liver disease (NAFLD)
- ☐ Hemochromatosis or genetic liver diseases
- ☐ Diabetes mellitus (type 1 / type 2)
- ☐ Hypertension
- ☐ Hormonal therapy / chemotherapy / radiotherapy
- ☐ Previous cancer history (specify):

_____

_____

IV. Family Medical History (Are there any family history of the following conditions?)

- ☐ Liver cancer
- ☐ Hepatitis B/C
- ☐ Liver cirrhosis
- ☐ Diabetes mellitus
- ☐ Other relevant chronic diseases: _____

_____

V. Risk Factors and Lifestyle

- Alcohol consumption:
  ☐ I don't drink alcohol ☐ Occasionally ☐ Frequently (daily amount: _____ ml)

- Smoking:
  ☐ No ☐ Yes (for __ years, __ cigarettes/day)

- Toxic/chemical exposure *(e.g. pesticides, solvents, aflatoxins):*
  ☐ No ☐ Yes (specify: _____)

- Blood transfusions before 1992:
  ☐ No ☐ Yes

- Aflatoxin-contaminated food consumption (peanuts, moldy corn, etc.):
  ☐ No ☐ Yes

- Hepatitis B vaccination:
  ☐ No ☐ Yes (year of vaccination: _____)

- Travel to high-risk hepatitis areas:
  ☐ No ☐ Yes (countries visited: _____)

- Tattoos:
  ☐ No ☐ Yes

- Multiple sexual partners in the last 6 months:
  ☐ No ☐ Yes

VI. Previous Investigations (Have you recently had medical tests for your liver?)

- Liver laboratory tests (TGP, TGO, GGT, bilirubin etc.):
  ☐ No ☐ Yes (date: _____, results: _____)

- Liver imaging investigations (ultrasound, CT, MRI, liver elastography):
  ☐ No ☐ Yes (date: _____, results: _____)

VII. Initial Diagnosis

Type of liver cancer:

☐ Hepatocellular carcinoma
☐ Cholangiocarcinoma
☐ Liver metastasis
☐ Other: _____

ICD-10 code: _____

Date of diagnosis: ____ / ____ / _____

Confirmation method:
☐ Biopsy
☐ Imaging (CT/MRI/Ultrasound)
☐ Tumor marker (AFP)
☐ Other method:_____

Symptoms at presentation: _____

Main risk factor: _____

VIII. Disease Stage

Tumour size (inches): _____

Number of lesions: _____

Liver segment location (segment/segment/...): _____

Vascular invasion / portal thrombosis: ☐ No ☐ Yes

Lymph node invasion / extrahepatic metastases: ☐ No ☐ Yes

TNM stage: T__ N__ M__

BCLC classification: _____

IX. Medical Data Completed by Physician

Laboratory and imaging details
Imaging description (CT/MRI/CEUS) of the lesion before treatment:

1. Dimensions:
2. Location (segment):
3. Structure:
4. Contrast enhancement:
5. LiRads assessment:

AFP (α-fetoprotein) initially: _____

Bilirubin total / direct: _____

AST / ALT / GGT: _____

Albumin / INR: _____

Renal function (creatinine, urea): _____

Initial imaging report (CT/MRI/Ultrasound) – date and conclusion:

_____
_____
_____

Laboratory and imaging monitoring table on follow-up

_____
_____
_____
_____
_____

X. Surgery / Interventions

Type of intervention: _____

Date: ____ / ____ / _____

Perioperative details: _____
_____
_____

Complications:

_____

Postoperative evolution: _____

_____

_____

Post-surgical follow-up table (consultation date, imaging, markers, observations)

_____

_____

_____

_____

_____

XI. Oncological Treatment

Ablation / embolisation / radioembolisation – date and details:

_____

_____

Radiotherapy – date and details:

_____

_____

_____

Chemotherapy / targeted therapy / immunotherapy – scheme and initiation date:

_____

_____

Treatment changes and Adverse events:

_____

_____

Treatment response by stages (RECIST, progression, stable):

_____

_____

XII. Post-treatment Evaluation - Response assessment after ablation, embolization or TACE (transarterial chemoembolization):

Imaging description **(CT/MRI/CEUS) of the post-treatment lesion:**

1. Dimensions: _____
2. Structure: _____
3. Contrast enhancement: _____
4. LI-RADS: _____
5. mRECIST:

XIII. Evolution and Follow-up

Recurrence: date, type, location:

_____

Patient status:

☐ Stable
☐ Progressing
☐ Deceased

Monitoring table: laboratory + imaging + clinical evaluation

_____

_____

XIV. Clinical Trials

Participation in clinical trials: ☐ No ☐ Yes

Study / experimental treatment details:

_____

_____

XV. Additional Observations

(Fill in any other relevant information about your health)

XVI. Consent for Personal Data Processing

In accordance with Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (GDPR), the "Victor Babeș" University of Medicine and Pharmacy in Timișoara processes your personal data for the purpose of conducting the screening, diagnosis, and treatment program for skin cancer and/or liver cancer within the HEPASKIN project.

The data will be processed strictly for medical purposes, as follows:
✓ Screening and diagnosis for skin cancer and/or liver cancer
✓ Monitoring of patients in cross-border medical registries
✓ Providing a personalized treatment plan
✓ Anonymous statistical reporting for the improvement of medical services

Your data will remain confidential and protected in accordance with GDPR regulations. They will be accessible only to authorized medical personnel and will not be shared with third parties without your consent, except as required by law.

Patient Agreement
☐ I agree to the processing of my personal data for the purposes mentioned above.
☐ I give my consent for my data to be included in the cross-border registry for skin and/or liver cancer, for medical monitoring purposes.
☐ I agree to be contacted for monitoring my health condition and for future medical appointments.
📌 **Attention**! Refusal to provide this data may limit your access to certain screening and treatment services.

XVII. Signature

Patient's Signature : _____
Date: _____