



**VANDU
HEP C.
SUPPORT
GROUP**

DOCTORS QUESTIONARIE

1. DOCTORS Name _____

2. Address _____

3. Will they take you as a full time patient? _____

4. Will Doctor fill out and sign D B 11 FORMS _____

5. Access to meds _____

6. Do they support acternative meds and theradies _____

7. Will they sign forms for Diet Allowance _____

8. Does the doctor discriminate in any way _____

THANK YOU FOR YOUR TIME