The MASH CHALLENGE

COME FULL CIRCLE WITH YOUR HEALTH

Here is a Sample Metabolic Liver Disease Patient Risk Assessment Form you provider may use:

Below is a structured risk assessment form for metabolic dysfunction-associated steatotic liver disease (MASLD) that clinicians can use to evaluate patients and guide next steps.

Date: _____
Event: _____
Patient Information

- Name: _____
- Date of Birth: _____
- Age: _____
- Sex: □ Male □ Female □ Other
- BMI: _____ (kg/m^2)
- Primary Care Provider: _____

Medical History
□ Type 2 diabetes
□ Prediabetes
□ Overweight/obesity (BMI ≥ 25)
□ Hypertension
□ Dyslipidemia (high cholesterol/triglycerides)
□ Chronic kidney disease
□ Obstructive sleep apnea
□ Polycystic ovary syndrome
□ History of cholecystectomy
□ Other: _____

Lifestyle & Risk Factors
□ Alcohol use (≥1 drink/day)
□ Sedentary lifestyle
□ Poor sleep hygiene
□ Smoking □ Yes □ No
□ History of cardiovascular disease □ Yes □ No

COMMUNITY LIVER ALLIANCE ™
GLOBAL AWARENESS. LOCAL IMPACT.