PROVINCIAL LABORATORY FOR PUBLIC HEALTH

Calgary Telephone: (403) 944-1200
Calgary Fax: (403) 270-2216
Edmonton Telephone: (780) 407-7121
Forms available at www.provlab.ab.ca

ARBOVIRUS - PATIENT HISTORY FORM

Patient Name: _____ **DOB:** _____ **Sex**: ____

PHN:

_____

Submitting Physician:

_____

Physician Phone No: _____ **Fax No:** _____ **Pager:** _____

Date of onset of symptoms: _____ (*very important*)

Acute clinical features (P*lease circle all that apply*)**:**

Fever (120)	**Rash** (254)	**Generalized lymphadenopathy** (184)	**Altered mental status (785)**
Cranial nerve palsy (789)	**MuscleWeakness** (786)	**Flaccid paralysis** (787)	**Tremor** (791)
Seizures (268)	**Sensory deficits**(794)	**SIADH** (793)	

Other relevant symptomatology:

_____

CSF WBC count: _____ **predominantly** □ **Neutrophils** □ **Lymphs**

□ **Blood transfusion within 8 weeks of onset** (783) Date: _____

□ **Blood donation within 8 weeks of onset** (796) Date _____

□ **Organ/tissue donation within 8 weeks of onset** (446) Date: _____

□ **Pregnant** (238)Due Date: _____

Immunocompromised:

□ **Transplant (465)** □ **Leukemia (386)** □ **Other** □ **Steroids (797)** □ **Lymphoma (388)**

History of travel within 3 weeks before onset (*please specify*):

_____

History of vaccination for: □ **Yellow Fever** Approx. date: _____
□ **Japanese encephalitis** Approx. date _____

Past residence in tropical regions: □ No_____ □Yes_____
(To assess Dengue, JE cross-reactivity)

Developed by Dr. Peter Tilley/PLPD for 2005 WNv Season