

**PROVINCIAL LABORATORY FOR PUBLIC HEALTH (MICROBIOLOGY)**

Calgary Telephone: (403) 944-1200  
Calgary Fax: (403) 270-2216

Edmonton Telephone: (780) 407-7121  
Forms available at [www.provlab.ab.ca](http://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** (Please circle all that apply):

- |                           |                        |                                   |                             |
|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Fever (120)               | Rash (255)             | Generalized lymphadenopathy (184) | Altered mental status (785) |
| Cranial nerve palsy (789) | Muscle weakness (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)