

## 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 (12)	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)

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Forms available at [www.provlab.ab.ca](http://www.provlab.ab.ca)