

SPOTTED FEVER RICKETTSIOSIS INVESTIGATION FORM

BASIC DEMOGRAPHIC DATA

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ___/___/____ Age: _____ years months Current Sex: Female Male Unknown

Is the patient deceased? No Unknown Yes Date of Death: ___/___/____

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____ Work Phone: (____) - ____ - ____ Ext. _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown

INVESTIGATION SUMMARY

Investigation Start Date: ___/___/____ Investigation Status: Open Closed Investigator: _____

REPORTING SOURCE

Date of Report: ___/___/____ Reporting Source: _____

CLINICAL

Physician's Name: _____ Phone Number: (____) - ____ - ____ Ext. _____

Was patient hospitalized for this illness? No Unknown Yes If yes: Hospital Name: _____

Admission Date: ___/___/____ Discharge Date: ___/___/____ Duration of Stay _____ day(s)

Diagnosis Date: ___/___/____ Illness Onset Date: ___/___/____ Illness End Date: ___/___/____

Age at Onset: _____ days hours minutes months unknown weeks years

Did the patient die from this illness? No Unknown Yes Date of Death: ___/___/____

EPIDEMIOLOGIC

Where was the disease acquired? Indigenous within jurisdiction Out of Country Out of jurisdiction, from another jurisdiction
Out of State Unknown

If the answer is out of country, jurisdiction, or state, where was the disease acquired?

Country: _____ State: _____ City: _____ County: _____

Case Status: Confirmed Not a Case Probable Suspect Unknown MMWR Week: _____ MMWR Year: _____

ADMINISTRATIVE

General Comments: _____

PHA4 SUPERVISOR REVIEW

Date Due: ___/___/____ Investigation ready for supervisor review: Reviewed (Complete) Reviewed (Incomplete)

Date investigation ready for supervisor review: ___/___/____ Reviewed (Not a case) Yes

Review comments (completed by supervisor): _____

SIGNS AND SYMPTOMS

Any reported "fever": No Unknown Yes

Rash: No Unknown Yes

Eschar: No Unknown Yes

Headache: No Unknown Yes

Myalgia: No Unknown Yes

Anemia: No Unknown Yes

Thrombocytopenia: No Unknown Yes

Any elevated ALT/AST: No Unknown Yes

EXPOSURE

Was patient exposed to a potential tick habitat (wooded, brushy, or grassy area) within **14 days** prior to onset date? No Unknown Yes

If yes, occupation: _____