

Hurricane Morbidity Report Form

For Active Surveillance in Clinical Care Settings



STATE
LOGO

▶ Complete one form per patient. Use category or categories that best describe the reason the patient is **currently** seeking care.

Part I VISIT INFORMATION

1. LOCATION & NAME OF FACILITY: <input type="text"/> <small>2-letter STATE NAME OF FACILITY / STATION</small>	2. DATE OF VISIT: <input type="text"/> <small>MM DD YYYY</small>	3. TIME OF VISIT: <input type="text"/> <small>24-hour Clock</small>
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Part II PATIENT INFORMATION

4. MEDICAL RECORD NUMBER (if available): <input type="text"/>	5. DATE OF BIRTH: <input type="text"/> <small>MM DD YYYY</small>	6. AGE (YEARS): <input type="text"/> <input type="radio"/> < 1 year
7. RACE/ETHNICITY (Check all that apply): <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Asian <input type="radio"/> Other		8. SEX: <input type="radio"/> Male <input type="radio"/> Female
9. If Female, PREGNANT? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

Part III REASON FOR VISIT

▶ Please check **all** categories related to patient's **current** reason for seeking care. Specify 'Other' as appropriate.

<h4 style="text-align: center;">INJURY</h4> <ul style="list-style-type: none"> <input type="radio"/> Bite / sting, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> dog <input type="radio"/> insect <input type="radio"/> snake <input type="radio"/> Burn, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> chemical <input type="radio"/> fire, hot object or substance <input type="radio"/> Cut / struck by or against, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> debris <input type="radio"/> machinery/tools/equipment/chainsaw <input type="radio"/> Drowning / submersion <input type="radio"/> Electrocution <input type="radio"/> Fall, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> from one level to another (e.g., down stairs; from ladder, building, or tree) <input type="radio"/> on same level <input type="radio"/> Foreign body (e.g., in eye, splinter) <input type="radio"/> Motor vehicle traffic, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> driver / occupant <input type="radio"/> pedestrian / bicyclist <input type="radio"/> Overexertion (from): lifting, pulling, pushing, or excessive activity (e.g., muscle or joint pain, back strain, fatigue) <input type="radio"/> Poisoning, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> CO exposure—from generator <input type="radio"/> CO exposure—from other source <input type="radio"/> inhalation of other fumes, dust, or gas <input type="radio"/> ingestion of poison <input type="radio"/> Violence / assault, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> sexual assault <input type="radio"/> other assault <input type="radio"/> suicide / self-inflicted injury <input type="radio"/> Undetermined <input type="radio"/> Other, <i>specify:</i>..... 	<h4 style="text-align: center;">ACUTE ILLNESS / SYMPTOMS</h4> <ul style="list-style-type: none"> <input type="radio"/> Acute neurological symptoms (e.g., altered mental status) <input type="radio"/> Cold-related illness (e.g., hypothermia) <input type="radio"/> Conjunctivitis / eye irritation <input type="radio"/> Fever (i.e., >100.4° F or 38° C) <input type="radio"/> Gastrointestinal illness, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> watery diarrhea <input type="radio"/> bloody diarrhea <input type="radio"/> nausea / vomiting <input type="radio"/> Heat-related illness or dehydration <input type="radio"/> Jaundice <input type="radio"/> Meningitis / encephalitis, suspected <input type="radio"/> Pain, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> chest pain or angina <input type="radio"/> headache or migraine <input type="radio"/> muscle or joint <input type="radio"/> oral / dental <input type="radio"/> Respiratory illness, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> cough, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> dry <input type="radio"/> productive <input type="radio"/> with blood <input type="radio"/> sore throat <input type="radio"/> shortness of breath or difficulty breathing <input type="radio"/> wheezing in chest <input type="radio"/> lower respiratory infection, suspected <input type="radio"/> Skin / soft tissue, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> generalized rash (e.g., chickenpox) <input type="radio"/> localized rash (e.g., dermatitis, eczema) <input type="radio"/> skin, soft tissue, or wound infection <input type="radio"/> Syncope <input type="radio"/> Other, <i>specify:</i>..... <h4 style="text-align: center;">ROUTINE / FOLLOW-UP CARE</h4> <ul style="list-style-type: none"> <input type="radio"/> Medication refill <input type="radio"/> Other, <i>specify:</i>..... 	<h4 style="text-align: center;">EXACERBATION OF CHRONIC ILLNESS</h4> <ul style="list-style-type: none"> <input type="radio"/> Cardiovascular disease, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> hypertension <input type="radio"/> coronary heart disease (e.g., MI) <input type="radio"/> congestive heart failure <input type="radio"/> Cerebrovascular disease / stroke <input type="radio"/> Chronic pain / arthritis <input type="radio"/> Diabetes <input type="radio"/> Respiratory disease, <i>specify:</i> <ul style="list-style-type: none"> <input type="radio"/> asthma <input type="radio"/> COPD <input type="radio"/> Other, <i>specify:</i>..... <h4 style="text-align: center;">MENTAL HEALTH</h4> <ul style="list-style-type: none"> <input type="radio"/> Agitated or frantic behavior <input type="radio"/> Disoriented to person, place, or time <input type="radio"/> Drug/alcohol intoxication or withdrawal <input type="radio"/> Seeing/hearing things that aren't there <input type="radio"/> Suicidal thoughts or attempt <input type="radio"/> Unable to care for self or dependents <input type="radio"/> Violent behavior / threatening violence <input type="radio"/> Other, <i>specify:</i>..... <h4 style="text-align: center;">OBSTETRICS / GYNECOLOGY</h4> <ul style="list-style-type: none"> <input type="radio"/> Routine pregnancy check-up <input type="radio"/> Complication of pregnancy (e.g., bleeding, abdominal pain, fluid leakage) <input type="radio"/> In labor with/without complications <input type="radio"/> Premature birth complications affecting mother or infant <input type="radio"/> GYN condition not associated with pregnancy or post-partum period <input type="radio"/> Other, <i>specify:</i>.....
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Part IV WORKER / VOLUNTEER STATUS INFORMATION

10. Did condition occur as a result of work (paid or volunteer) involving hurricane response or restoration efforts? Yes No Unknown

11. OCCUPATION / RESPONSE ROLE: **12.** ACTIVITY AT TIME OF INJURY / ILLNESS:

Part V DISPOSITION

Discharge to self-care Died

Admit / refer to hospital Unknown

Refer to other care (e.g. clinic, physician, center)

Left before being seen

