

Rickettsial Disease Case Investigation

Case is: (Circle one) Lab confirmed Epi-linked

Diagnosis: (Circle one)
 Ehrlichiosis Murine Typhus Rocky Mountain Spotted Fever
 Other

PATIENT	Last Name _____ First Name _____ MI _____ (_____) Patient's Phone Number _____			
	Street Address _____		City _____	County _____ Zip _____
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____		Hispanic: Yes No Unknown	

COURSE	Date of Onset: _____ Onset of illness was (Circle one) Abrupt Gradual
	Was patient hospitalized? YES NO If YES, which hospital? _____
	Date of admission: _____ Date of discharge: _____ Discharge diagnosis: _____
	Recovered? YES NO Died? YES NO Date of death: _____
	Attending Physician: _____ (Name) _____ (Phone) _____ (FAX) Address: _____

MEDICAL	Circle Response Fever Max temp: _____ ° F Duration (days): _____ Chills Headache Anorexia Nausea/vomiting Diarrhea Photophobia Retro-orbital pain Malaise Myalgia Thrombocytopenia Elevated liver function test	Circle Response Rash Date of Onset _____ Description of Rash (Circle all that apply) Macular Papular Petechial Urticarial Puritic Other (Describe) _____ Rash appeared on (Circle): Face Arms Palms Trunk Legs Soles Rash spread from (Circle): Arms/Legs to Trunk Trunk to Arms/Legs
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OTHER EPIDEMIOLOGY	Please Circle Correct Response Fleas present at patient's residence? YES NO UNKNOWN History of flea bites? YES NO UNKNOWN Rodents present in patient's environment? YES NO UNKNOWN Wild animals present in patient's environment? YES NO UNKNOWN If YES, what kind: _____	Please Circle Correct Response Is there a history of known tick attachment? YES NO UNKNOWN Was tick engorged (swollen with blood)? YES NO UNKNOWN How long (in hours) was tick attached? YES NO UNKNOWN Date of attachment: _____ Did the patient de-tick an animal by hand within 14 days of onset? YES NO UNKNOWN
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OTHER EPIDEMIOLOGY	Did the patient travel outside his/her county of residence within 14 days of onset? YES NO UNKNOWN If YES, give travel history (when, where, how long)
	Was there recent exposure to outdoor areas? YES NO UNKNOWN If YES, was it (Circle correct response) Residence Occupational Exposure Recreational
	Dogs present at patient's residence? YES NO UNKNOWN Cats present at patient's residence? YES NO UNKNOWN

Patient's Name: _____

LABORATORY	Specimen Date	Specimen Type (Serum, CSF, etc.)	Method (IFA, EIA, PCR, Antigen Detection)	Condition Tested For:	Results	Normal Values

DATA	Were ticks submitted to the Texas Department of State Health Services for identification and testing? YES NO If YES, Date: _____ Collection Location: _____ Host: _____ Species: _____ Number Submitted: _____ DFA Negative Positive Species: _____ Number Submitted: _____ DFA Negative Positive
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OTHER INFORMATION AND COMMENTS	
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Investigated by: _____ Phone: () _____

Agency: _____ Date: _____