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Last Name _____ First Name _____ MI _____ (_____) _____
Patient's Phone Number _____

Street Address (do not use PO Box) _____ City _____ County _____ Zip _____

Age: _____ Date of Birth: _____ Sex: M F

Race: White Black Asian Native American Other _____ Hispanic: Yes No Unknown

Underlying medical conditions _____ Chronic Medications _____

1 _____ 2 _____ 1 _____ 2 _____
3 _____ 4 _____ 3 _____ 4 _____
5 _____ 6 _____

Immunosuppressed: Yes No Unknown

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Date of Onset: _____ Was patient hospitalized? YES NO If YES, which hospital? _____

Date lesion first noted by patient: ____/____/____ or Unk Date of admission: _____ Date of discharge: _____

Attending Physician: _____ (_____) _____ (_____) _____
(Name) (Phone 1) (Phone 2)

Address: _____

Diagnosis (Circle) New World Cutaneous Leishmaniasis Old World Cutaneous Leishmaniasis Mucosal Leishmaniasis
Leishmaniasis Recidivans Diffuse cutaneous Leishmaniasis Visceral Leishmaniasis

Status (Circle) Recovered Under Treatment Relapse Died (Date of Death _____) Lost to followup

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Cutaneous Leishmaniasis (Check all that apply)						<p style="text-align: center;">If visceral leishmaniasis note signs/symptoms</p> <p>Fever _____</p> <p>Splenomegaly _____</p> <p>Lymphadenopathy _____</p> <p>Weight Loss _____</p> <p>Hepatomegaly _____</p> <p>Other _____</p> <p>Date first sign/symptom noticed by patient? _____</p>
Location	# of Lesions	Ulcerative	Nodular	Plaquelike	Other	
Face						
Ear						
Scalp						
Upper arm						
Forearm						
Hand						
Thigh						
Lower leg						
Ankle						
Feet						
Thorax						
Abdomen						
Back						
Genitals						
Neck						

Other Cutaneous Features	Basis of Diagnosis (Circle all that apply)
Satellite Lesion Yes No Unk	Epidemiologic (e.g. travel to endemic area) Probable exposure occurred where? _____
Sporotrichoid spread Yes No Unk	Clinical (i.e., consistent clinical manifestations)
Bacterial superinfection Yes No Unk	Laboratory Results (Circle one)
	Positive serology Name of Lab: _____
	Positive skin test
	Other (Specify) _____
	Consistent pathology, but parasite not visualized
	Parasitologic

Suspected Mode of Transmission (Circle)

Vectorborne Blood transfusion Other _____

Unknown

NOTE: Enter all laboratory results in Lab Secion on page 2.

Patient's Name : _____

T R E A T M E N T	Describe treatment regimen (drug, dosage, administration frequency)
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L A B O R A T O R Y	Parasitologic diagnosis				
	Parasite identified in specimens from: (Circle all that apply)	Parasite identified by: (Circle)	Species identified (Circle)		
	Skin	Visualization, stained specimen	<i>L. braziliensis</i>		
	Bone marrow	Animal inoculation	<i>L. panamensis</i>		
	Lymph node	Culture	<i>L. mexicana</i>		
	Blood	PCR	<i>L. amazonensis</i>		
	Liver	Unknown	<i>L. tropica</i>		
	Unknown	Other: _____	<i>L. major</i>		
	Other: _____		<i>L. donovani</i>		
			<i>L. chagasi</i>		
			<i>L. infantum</i>		
			Other: _____		
Serology was (Circle):			Cultures were (Circle):		
Done	Not done	Unknown	Done	Not Done	Unknown
Date	Name of Lab	Results	Culture 1 Date: _____	Culture 2 Date _____	
			Positive and maintained	Positive and maintained	
			Positive and died out	Positive and died out	
			Attempted, not positive	Attempted, not positive	

O T H E R D A T A A N D R E M A R K S	
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Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____