TEXAS Department of State Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

HANSEN'S DISEASE PROGRAM	CONTACT/SUSPECT SCREEN	DATE:
NAME:_____ ADDRESS:_____	Index case:_____ DX/Yr._____ SSN:_____ Relationship:_____	
DOB:_____ SSN:_____	Inclusive dates of contact:_____ _____	

HEALTH HISTORY:_____

PRESENT SYMPTOMATOLOGY _____

*PHYSICAL ASSESSMENT:

SKIN (Total body assessment)
Lesions/insensitivity/hypo-hyperpigmentation/earlobe thickening

_____

EDUCATION:
- ☐ Cause/Transmission
- ☐ Signs/Symptoms
- ☐ Other:_____

EYES	POS	NEG	COMMENTS
7th Cranial Nerve			
Madarosis			
Inflammation			
Ease of eye closure			
Pupillary reaction			

VISION
Left_____ Right_____ Both_____

HANDS (Palpation of)	POS	NEG	COMMENTS
Radial nerve cutaneous			
Median nerve			
Ulnar nerve			
Muscle testing:			
Radial, Median, Ulnar			
Other:			

FEET	POS	NEG	COMMENTS
Peroneal nerve			
Post Tibial nerve			
Muscle weakness			
Other:			

PLAN/REFERRAL _____ ___ Yes No

NAME/TITLE_____ NEXT APPT_____

*May attach body chart. May use hand and foot screens