

# Rickettsial Disease Case Investigation

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

**Diagnosis: (Circle one)**

Anaplasmosis Ehrlichiosis Murine Typhus SFGR  
Other

<b>P A T I E N T</b>	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				
<b>C O U R S E</b>	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: _____ (_____) _____ (_____) _____ (_____) _____ (FAX) Address: _____ (Street Address) _____ (City, State, Zipcode)			
<b>M E D I C A L</b>	<b>Circle Response</b> Fever Max temp: _____ ° F Duration (days): _____ Chills Headache Anorexia Nausea/vomiting Diarrhea Photophobia Retro-orbital pain Malaise Myalgia Thrombocytopenia Elevated liver function test		<b>Circle Response</b> Rash Date of Onset _____ Description of Rash (Circle all that apply) Macular Papular Petechial Urticarial Pruritic Other (Describe) _____ Rash appeared on (Circle): Face Arms Palms Trunk Legs Soles Rash spread from (Circle): Arms/Legs to Trunk Trunk to Arms/Legs	
	<b>Please Circle Correct Response</b> 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: _____		<b>Please Circle Correct Response</b> 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 in 14 days prior to onset? YES NO UNKNOWN	
<b>O T H E R  E P I D E M I O L O G Y</b>	Did the patient travel outside his/her county of residence in 14 days prior to 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 DATA	Specimen Date	Specimen Type (Serum, CSF, etc.)	Method (IFA, EIA, PCR, Antigen Detection)	Condition Tested For:	Results	Normal Values	

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

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OTHER INFORMATION AND COMMENTS	
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Investigated by: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_