

P A T I E N T	Last Name _____		First Name _____		MI _____	Patient's Phone Number _____		
	Street Address (do not use PO Box) _____				City _____		County _____	Zipcode _____
	Age: _____		Date of Birth: _____		Sex: M F			
	Race: White Black Asian Native American Other _____				Hispanic: Yes No Unknown			
	<u>List Underlying Medical Conditions</u>				<u>List Current Medications</u>			
	1 _____		2 _____		1 _____		2 _____	
3 _____		4 _____		3 _____		4 _____		
Immunosuppressed: Yes No Unknown				5 _____		6 _____		

C O U R S E	Date of Onset: _____ Was patient hospitalized? Yes No If Yes, which hospital? _____	
	Date lesion first noted by patient: ____/____/____ or Unknown Date of admission: _____ Date of discharge: _____	
	Attending Physician: _____ (Name) _____ (Phone) _____ (Fax)	
	Address: _____ (Street Address) _____ (City, State, Zipcode)	
	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		

M E D I C A L	Cutaneous Leishmaniasis (Check all that apply)						If visceral leishmaniasis, note signs/symptoms:			
	Location	# of Lesions	Ulcerative	Nodular	Plaque-like	Other				
	Face						Fever	Yes	No	Unknown
	Ear						Splenomegaly	Yes	No	Unknown
	Scalp						Lymphadenopathy	Yes	No	Unknown
	Upper arm						Weight Loss	Yes	No	Unknown
	Forearm						Hepatomegaly	Yes	No	Unknown
	Hand						Other: _____			
	Thigh						Date first sign/symptom noticed by patient: _____			
	Lower leg									
Ankle										
Feet										
Thorax										
Abdomen										
Back										
Genitals										
Neck										
Other Cutaneous Features - Circle Response (Yes, No, Unknown)						Basis of Diagnosis (Circle all that apply)				
Satellite lesion		Yes	No	Unknown	Epidemiologic (e.g. travel to endemic area) Where did probable exposure occur? _____					
Sporotrichoid spread		Yes	No	Unknown	Clinical (i.e., consistent clinical manifestations)					
Bacterial superinfection		Yes	No	Unknown	Laboratory Results (Circle one)					
Suspected Mode of Transmission (Circle): Vectorborne Blood transfusion Other _____ Unknown						Positive serology Name of Lab: _____				
						Positive skin test Date: _____				
						Consistent pathology, but parasite not visualized				
						Parasitologic				
						Other (Specify) _____				
NOTE: Enter all laboratory results in Laboratory Section on page 2.										

Patient's Name: _____

T R E A T M E N T	Describe treatment regimen (drug, dosage, administration frequency)																			
	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): Done Not done Unknown										Cultures were (Circle): Done Not Done Unknown										
Date		Results		Name of Lab						Culture 1 Date:		Culture 2 Date:								
										Result: Positive and maintained		Result: 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																				

Investigated by: _____ Phone: _____

Agency: _____ Date: _____