

West Nile Case History Form

This **case history form** is required for testing (specimens will not be tested without this form)!

Specimens submitted via public health laboratories must meet the criteria for West Nile virus testing.
(See "Diagnostic Testing Guidelines for West Nile virus")

Patient Information:

Last name _____ First name _____ DOB ____/____/____ Medical Record # _____

Street Address: _____ City _____ Zip Code _____ Occupation _____

Physician Information Mandatory

Name: _____ Facility: _____

Pager: _____ Fax: _____ Email: _____

Race: White Black Native American
 Asian/Pacific Islander Other Unknown

Date of 1st symptom(s): ____/____/____

Hospitalized or ER /Outpatient

Date of admit: ____/____/____

Do the following apply anytime during current illness:

In ICU No Yes

Fever $\geq 38^{\circ}$ No Yes

Headache No Yes

Rash No Yes

Stiff neck No Yes

Muscle Weakness No Yes

Altered Consciousness No Yes

Encephalitis No Yes

Aseptic Meningitis No Yes

Flaccid Paralysis No Yes Asymmetrical

CSF results

CBC results

Date: _____ Date: _____

RBC: _____ WBC: _____

WBC: _____ %Diff: _____

%Diff: _____ HCT: _____

Protein: _____ Plt: _____

Glucose _____

Other Information (MRI/CT,LFTs etc.)

Ethnicity: Hispanic Non-hispanic

Sex: Female Male

Exposures within 4 wks of onset (specify details):

Mosquito bites/exposure: No Yes

Outdoor activity (camping, hiking, etc) No Yes

Received Blood Transfusion: No Yes

Date: _____

Travel within 4 wks of onset

(specify location, dates):

Within California (out of local area) No Yes

Within the United States? No Yes

Outside of the United States? No Yes

Ever traveled outside the US? No Yes

Other pertinent information:

Immunocompromised patient: No Yes

Yellow fever vaccination: No Yes

Date: _____

Military service: No Yes

Current Pregnancy No Yes

Week of gestation: _____

Donated Blood: No Yes

Date: _____

Significant Past History (medical, social, family) and other exposures:

Questions regarding testing or specimens call **(675-7893 ext. 251)**

Fax this form to (559) 661-5192 or send with specimens to:
Madera County Public Health Department Laboratory