

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 "Requirements for West Nile Virus Testing")

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: Janna Troy @ (909) 358-5070

Fax this form to **County of Riverside, Disease Control Branch @ (909) 358-5102** or send with specimens to:
County of Riverside, Public Health Laboratory, 4065 County Circle Drive, Riverside, CA, 92503