

Demographics

Patient Last Name		First Name		DOB: ____ / ____ / ____		Phone number	
Address				City		Municipality	
Ethnicity Hispanic Non-Hispanic Unknown		Race White Black Asian Pacific Islander American Indian or Alaskan Native Unknown				Pregnancy Status Pregnant Not Pregnant Unknown	

Physician and Facility Information

Treating physician				Facility (if hospitalized)			
Name: _____				Name of facility: _____			
Address: _____				Date of admission: ____ / ____ / ____			
Phone: _____ Fax: _____				Date of discharge: ____ / ____ / ____			
Email: _____				Dad patient die due to this illness? Yes No Unk			
				Date of death: ____ / ____ / ____			

Clinical Information

Onset Date ____ / ____ / ____		Date first seen by a medical professional: ____ / ____ / ____			Diagnosis		
		Location where first seen: Emergency department Outpatient clinic/ office Hospital Urgent care center Unknown Other: _____					

Select a response for each sign or symptom below and include onset/resolution dates

Sign/Symptom	Response			Onset Date	Additional Information
Chills	Yes	No	Unk.	____ / ____ / ____	
Cough	Yes	No	Unk.	____ / ____ / ____	
Fever	Yes	No	Unk.	____ / ____ / ____	Tmax _____ F
Headache	Yes	No	Unk.	____ / ____ / ____	
Hepatitis	Yes	No	Unk.	____ / ____ / ____	
Myalgia	Yes	No	Unk.	____ / ____ / ____	
Photophobia	Yes	No	Unk.	____ / ____ / ____	
Pneumonia	Yes	No	Unk.	____ / ____ / ____	Pneumonia clinically diagnosed? Yes No Was a CXR performed? Yes No Date CXR: ____ / ____ / ____ CXR confirmed pneumonia? Yes No
Rash	Yes	No	Unk.	____ / ____ / ____	
Shortness of breath	Yes	No	Unk.	____ / ____ / ____	

Additional signs/symptoms:

Treatment

Treatment provided (<i>list all</i>)	Dosage	Dates

Not treated

Risk factors

Occupation at date of onset: _____	Specific duties: _____ _____ _____	<p>Indicate which of the following contacts the patient had during the 5 weeks prior to onset: check all that apply</p> <p>Birds Human case of Psittacosis (CDRSS _____) Laboratory No known exposure Other,</p>
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If exposure to birds, complete the following tables:

Type of Bird	Species	Approximate number	Were birds healthy?		
Psittacines* (cockatoos, cockatiels, macaws, parakeets, parrots)			Yes	No	Unk.
Pigeons			Yes	No	Unk.
Domestic Fowl			Yes	No	Unk.
Other birds			Yes	No	Unk.

If birds were not healthy, please elaborate:

**Indicate where the exposure occurred.
If the patient had multiple contacts, specify to what they were exposed at each place of exposure.**

Type of Establishment <small>1= Private home 2= Private aviary 3= Commercial aviary 4= Pet shop 5= Bird loft 6= Poultry establishment 7= Other 8=Unknown</small>	Owner of Establishment	Address of Establishment	Exposure to (species)	Exposure setting (indoors, outdoors)	Date of exposure

If other, specify:

If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, or if any bird is shown by laboratory methods to be infected, it is important to learn where these birds originated and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching. List the address of every known place where the birds were harbored, including approximate dates.

Address	Dates

Case Notes
