

Tick-borne Relapsing Fever Case Investigation

P A T I E N T	Last Name _____ First Name _____ MI _____ () _____ <small>Patient's Phone Number</small>			
	Street Address _____		City _____	County _____ Zip _____
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____ \			Hispanic: Yes No Unknown
C O U R S E	Date of Onset: _____ 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: _____ () _____ () _____ <small>(Name) (Phone 1) (Phone 2)</small>			
	Address _____		City _____	ZIP _____
M E D I C A L	Date of 1st Fever: _____ Days Duration _____ Highest Temp: _____ Number of Relapses: _____			
	Clinical Description (Circle all that apply)			
	Chills	Enlarged Liver	Sweating	
	Headache	Enlarged spleen	Blood in urine	
	Nausea or Vomiting	Jaundice	Other (list)	
Malaise	Photophobia			
Myalgia	Nosebleeds			
Joint Pains				
Rash: Date of Onset: _____ Rash Appeared On: Trunk Arms Legs Body Head Soles Palms				
Description of Rash: _____				
T R E A T M E N T	Antibiotic Treatment: Dosage Date Started Date Stopped			
	Tetracycline YES NO	_____	_____	_____
	Penicillin YES NO	_____	_____	_____
	Other _____	_____	_____	_____
	Other _____	_____	_____	_____
	Other _____	_____	_____	_____

Patient's Name: _____

S E R O L O G I C	Tests for	Date of specimen	Results	Laboratory Name

E X P O S U R E D A T A	Did the patient report recent tick bites? YES NO		
	If YES, how many bites? _____ Date(s) of bite(s): _____		
	Identify and describe geographic location of exposure:		
	Were other persons exposed to this (these) area(s)? YES NO		
	If YES		
	Name	Phone	Sick?
	_____	_____	YES NO UNK
	_____	_____	YES NO UNK
	_____	_____	YES NO UNK
	_____	_____	YES NO UNK

E N T O M O L O G Y	Were ticks collected at the site of exposure? YES NO If Yes, provide information below.		
	Date(s) of Collection	_____	_____
	Location:	_____	_____
	Species collected	_____	_____
	Number collected	_____	_____

C O M M E N T S	
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Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____