MUNICIPAL HEALTH OFFICE

Republic of the Philippines

Province of Pangasinan

# MUNICIPALITY OF CALASIAO





### Case Investigation Form

**LEPTOSPIROSIS**

**(ICD 10 Code A27)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PATIENT INFORMATION: | | | Patient’s Number: | | | | | | | Patient’s First Name Middle Name Last Name | | | | | | | | | | | | | | | | | | | |
| Complete Address: | | | | | | | | | | | | | | Sex: □Male □Female | | | Date of Birth: | | *MM* | | *DD* | | *YY* | | | Age: |  | | Days  Months Years |
|  | |
|  | |
| Occupation: | | | | | | | | | | | | | | | | | | Date Reported: | | | | *MM* | | | *DD* | | | *YY* | |
| CLINICAL INFORMATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Date Onset of Symptoms | | | | | *MM* | | *DD* | | *YY* | | | | 4. Patient admitted to a hospital? □ Yes □ No □ Unknown | | | | | | | | | | | | | | | | |
| 2. Date patient first seek medical advice; | | | | | *MM* | | *DD* | | *YY* | | | | 5. Name/Address of Hospital: | | | | | | | | | | | | | | | | |
| 3. Where did the patient first seek medical advice?  □ government hospital □ private hospital  □ health center □ private clinic  □ others: specify- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | 6. Date admitted: | | | | | | | *MM* | | | | *DD* | | | | *YY* | |
| 7. Outcome of the case: □ Alive □ Died □ Unknown | | | | | | | | | | | | | | | | |
| 8. Date of discharge/transfer or death | | | | | | | *MM* | | | | *DD* | | | | *YY* | |
| CLINICAL DATA: | | | | | | | | | | | | | | | | INFORMATION ON DISEASE TRANSMISSION: | | | | | | | | | | | | | |
| *Case Definition - Acute febrile illness with headache, myalgia and prostration associated with any of the following symptoms: conjunctival suffusion, meningeal irritation, anuria or oliguria and/or proteinuria, jaundice, hemorrhages, cardiac arrhythmia or failure, skin rash AND a history of exposure to infected animals or an environment contaminated with animal urine* | | | | | | | | | | | | | | | | History of other place/s visited the past week: prior to onset of symptoms □ Yes □ No  If Yes, Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Possible sources of contamination:  □ flood waters: □ paddy field  □ livestock □ marshy/muddy land  □ other water related sources (sewers, irrigation, fisheries)  History of recent skin lesion/injury?  □ Yes □ No □ Unknown  Did any of the family members, companions, neighbors, or co-workers develop similar illness or manifestations?  □ Yes □ No □ Unknown  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Symptoms and complications:  □ acute fever: □ jaundice □ hemorrhage  □ headache: □ conjunctival suffusion □ cardiac failure/  □ myalgia (muscle pain) □ meningeal irritation arrhythmia  □ prostration □ anuria/oliguria □ skin rash  □ other/s (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| PROPHYLAXIS: | | | | | | | | | | | | | |
| Was the patient on chemo-prophylactic treatment at the time of onset of illness?  □ Yes □ No □ Unknown  If yes; what chemo-prophylactic drug and dosage?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Source of chemo-prophylactic drug:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| LABORATORY FINDINGS: | | | | | | | | | | | | | | | |
| Laboratory Tests done: □ Yes □ No □ Unknown | | | | | | | | | | | | | | | |
| Tests | Blood | | | | | Urine | | | | | Other tissues: | | | | |
| + | - | | NA | | + | - | NA | | | + | - | | | NA |
| Direct Microscopy |  |  | |  | |  |  |  | | |  |  | | |  |
| Culture |  |  | |  | |  |  |  | | |  |  | | |  |
| Proteinuria |  |  | |  | |  |  |  | | |  |  | | |  |
| Case Classification: □ Suspect □ Confirmed | | | | | | | | | | | | | | | |

Date of Investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Informant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to the Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_