Possible Human Rabies - Patient Information Form

Please print the following form and fill it out as completely as possible. A copy of this form must accompany diagnostic specimens. Send completed form with samples

to: Rabies Laboratory
DASH, Bldg 18, Rm SSB218
Centers for Disease Control and Prevention
1600 Clifton Rd, NE
Atlanta, GA 30333

and/or
Fax: Attn: Rabies Duty Officer
404-639-1564

Physician Contact Information

Physician's Name

Physician's Contact Number

Hospital

City State

Send Report to

Please indicate person to receive official report of results

Fax Number

Email Address

Patient Information

Patient ID (for reporting results)

Gender Date of Birth

Occupation

First Symptoms

Date of Illness Onset

Outpatient Visit Date

Outpatient Diagnosis

Hospitalized ☐ Yes ☐ No

Date Hospitalized

Admiting Diagnosis

Is/was the patient in a coma ☐ Yes ☐ No

Date of coma onset

Has the patient expired ☐ Yes ☐ No

Date of Death

Current differential diagnosis

Samples Submitted

All four samples are required to provide an antemortem rule out of rabies.

Please provide date(s) of collection for each sample.

	Date 1	Date 2	Date 3	Date 4
☐ Nuchal biopsy				
☐ Saliva				
☐ Serum				
☐ CSF				

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Symptoms

Which of the following symptoms have been present? Mark all that apply.

Fever	☐ Yes	☐ No	☐ Unknown	Aerophobia	☐ Yes	☐ No	☐ Unknown
Malaise	☐ Yes	☐ No	☐ Unknown	Hydrophobia	☐ Yes	☐ No	☐ Unknown
Headache	☐ Yes	☐ No	☐ Unknown	Localized Weakness	☐ Yes	☐ No	☐ Unknown
Nausea / Vomiting	☐ Yes	☐ No	☐ Unknown	Localized Pain / Parasthesia	☐ Yes	☐ No	☐ Unknown
Anxiety	☐ Yes	☐ No	☐ Unknown	Confusion or delirium	☐ Yes	☐ No	☐ Unknown
Muscle Spasm	☐ Yes	☐ No	☐ Unknown	Agitation / Combativness	☐ Yes	☐ No	☐ Unknown
Dysphagia	☐ Yes	☐ No	☐ Unknown	Autonomic instability	☐ Yes	☐ No	☐ Unknown
Anorexia	☐ Yes	☐ No	☐ Unknown	Hyperactivity	☐ Yes	☐ No	☐ Unknown
Ataxia	☐ Yes	☐ No	☐ Unknown	Hallucinations	☐ Yes	☐ No	☐ Unknown
Priapism	☐ Yes	☐ No	☐ Unknown	Insomnia	☐ Yes	☐ No	☐ Unknown
Seizures	☐ Yes	☐ No	☐ Unknown	Hypersalivation	☐ Yes	☐ No	☐ Unknown

Laboratory Findings

Peripheral WBC (with diff)

On Admission x10_3/ul

Neutrophils ____ %

lymphocytes ____ %

monocytes ____ %

bands ____ %

Highest x10_3/ul

Neutrophils ____ %

lymphocytes ____ %

monocytes ____ %

bands ____ %

Chemistry

Glucose, serum ____ mg/dl

Total Protein, serum ____ g/dl

CPK, serum - total ____ U/l

Isoenzymes - MM ____ %

MB ____ %

BB ____ %

CSF Findings

RBC ____ /ul

WBC ____ /ul

Neutrophils ____ %

Lymphocytes ____ %

Monocytes ____ %

bands ____ %

Glucose ____ mg/dl

Protein ____ mg/dl

Culture results

Additional abnormal Laboratory Values

Additional Pertinent Clinical Information / Diagnostic results

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Additional Information

Patient Residence and Travel

Location of residence at time of onset ☐ Urban ☐ Suburban ☐ Rural

City _____ State _____

Has the Patient traveled to any foreign country in the past 6 months?

Country 1 _____ Number of days _____

Country 2 _____ Number of days _____

Animal Exposure

Any suspicious animal exposures? ☐ Yes ☐ No

*Most Recent exposure

City _____ State _____

Date of exposure _____

Species involved in most recent exposure

- ☐ Dog
- ☐ Cat
- ☐ Raccoon
- ☐ Skunk
- ☐ Fox
- ☐ Bat
- ☐ Other specify _____

Type of exposure

- ☐ Bite
- ☐ Nonbite (scratch)
- ☐ Nonbite (contact only)
- ☐ No known exposure
- ☐ Unknown

*Previous exposure

City _____ State _____

Date of exposure _____

Species involved in previous exposure

- ☐ Dog
- ☐ Cat
- ☐ Raccoon
- ☐ Skunk
- ☐ Fox
- ☐ Bat
- ☐ Other specify _____

Type of exposure

- ☐ Bite
- ☐ Nonbite (scratch)
- ☐ Nonbite (contact only)
- ☐ No known exposure
- ☐ Unknown