County of Los Angeles Public Health

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.publichealth.lacounty.gov/acd

PARASITIC EPIDEMIOLOGIC CASE HISTORY FORM

VCMR ID: _____ Census Tract: _____ Health District: _____

DISEASE: ☐ Amebiasis OR ☐ Giardiasis

DEMOGRAPHIC INFORMATION

Patient Name-Last	First	Middle Initial	Date of birth	Age	Sex

Address- Number, Street, Apt #	City	State	ZIP Code

Telephone number

Home: Work: Cell:

Race (check one)

☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other:_____

Ethnicity (check one)

☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, please check one: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Samoan ☐ Vietnamese ☐ Other: _____

Case Occupation: _____

If SOS, Employer/School:_____

Address & City:_____

Telephone no:_____

Household member occupation (if SOS): _____

Employer/School:_____

Address & City: _____

Telephone no: _____

PRESENT ILLNESS

Onset date	Duration of symptoms (in days)	Date of first positive stool specimen	Was treatment given? ☐ Yes ☐ No	Name of drug(s):

For Amebiasis only: Was serological test performed to detect extraintestinal involvement? ☐ Yes ☐ No ☐ Unk

If Yes, result: _____ If positive, which organ was affected: _____

Hospitalized ☐ Yes ☐ No	Admit date	Discharge date	Facility/Hospital Name	Did case die? ☐ Yes ☐ No	Date of death

Symptomatic: ☐ Yes ☐ No ☐ Unk

Acute Diarrhea (< 8 days)	☐ Yes ☐ No ☐ Unk	Bloating	☐ Yes ☐ No ☐ Unk
Chronic Diarrhea (≥ 8 days)	☐ Yes ☐ No ☐ Unk	Gas	☐ Yes ☐ No ☐ Unk
Blood in stool	☐ Yes ☐ No ☐ Unk	Fever (highest temp _____ °)	☐ Yes ☐ No ☐ Unk
Pale, fatty stools	☐ Yes ☐ No ☐ Unk	Fatigue	☐ Yes ☐ No ☐ Unk
Abdominal cramps	☐ Yes ☐ No ☐ Unk	Weight loss (lbs _____)	☐ Yes ☐ No ☐ Unk
Nausea	☐ Yes ☐ No ☐ Unk	Other: _____	

EPIDEMIOLOGIC RISK FACTOR

Has case had any contact with any other case of this disease? ☐ Yes ☐ No ☐ Unk If Yes, Explain below.

REMARKS

Education/Follow-Up per B-73: ☐ Prevention/Education ☐ SOS restrictions

PHN signature	PHN Supervisor signature	Telephone number	Date

Area Medical Director's signature	For ACDC Only: Reviewer Signature	Date Closed	Report? ☐ Yes ☐ No