

Notifiable Condition Reporting Form

PATIENT'S NAME (Last) (First) (Middle)			DATE OF BIRTH (Month) (Day) (Year)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone: Cell Phone: Work Phone:
PATIENT'S ADDRESS STREET: APT. NO: P.O. BOX: CITY: ZIP:			DISEASE DATE OF SYMPTOM ONSET	CHIEF SYMPTOMS/COMPLAINTS	
PERSON REPORTING	ATTENDING HEALTH CARE PROVIDER	PARENT/GUARDIAN or ALTERNATE CONTACT PERSON NAME:			
REPORTER PHONE #	HEALTH CARE PROVIDER PHONE #	RELATIONSHIP: PHONE NUMBER:			
Name of School, Child care or Employer Phone #	Treatment Given (start date, dose, duration)	<i>For Hepatitis C Patients</i> Is this the initial HCV diagnosis? <input type="checkbox"/> Y <input type="checkbox"/> N Is this an acute infection? <input type="checkbox"/> <input type="checkbox"/> Is this a chronic infection? <input type="checkbox"/> <input type="checkbox"/>			
Does the patient speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No Language Spoken:	Possible Source of Infection	Has the patient been notified of this diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Information:					

FAX Completed Form to (360) 740-1472

Please Include Lab Reports and Pertinent Medical Records When Available

Lewis County Disease Reporting Line (360) 740-1275
 Health Department Main Line (360) 740-1222
 Emergency After Hours Call 911 and Ask for Public Health

Lewis County Health Department
 Attn: Communicable Disease
 360 NW North Street
 Chehalis, WA 98532

Lewis County Public Health
Always Working for a Safer and Healthier Lewis County