

Notifiable Condition Reporting Form

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| 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: | | | | | |
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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