

NOTIFIABLE DISEASE/CONDITION REPORT FORM
NORTH CENTRAL PUBLIC HEALTH DISTRICT
 419 East 7th St, The Dalles, OR 97058
 Phone: 541-506-2600 Fax: 541-506-2601



Public Health
 Prevent. Promote. Protect.

Patient Information

Patients Name
 Last Name: _____ First Name: _____ MI: _____

Demographics
 Street: _____ City: _____ State: _____ Zip: _____
 Patient's Phone #: _____ Patient's Work #: _____
 Date of Birth: ____/____/____ Age: _____ Race: White Black Asian Pacific Is. AI/AN
 Unknown Refused Other Ethnicity: Hispanic Non-Hispanic Unknown Refused
County of Residence*
 Wasco Gilliam Sherman

Occupation _____ <i>Write in</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No EDD ____/____/____
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Clinical Information

<p>Signs/Symptoms: _____</p> <p>Clinical Diagnosis/Suspect Dx: _____</p> <p><input type="checkbox"/> Lab Confirmed Diagnosis?</p> <p>Illness Onset Date: ____/____/____</p> <p>Date of Diagnosis: ____/____/____</p> <p>Was Patient Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Hospitalized: <input type="checkbox"/> Yes Name of Hospital: _____ <input type="checkbox"/> No Admit Date: ____/____/____ Discharge Date: ____/____/____ <input type="checkbox"/> Unknown Emergency Room Visit Date: ____/____/____</p> <p>Treatment: _____ If sexually transmitted disease, give specific treatment details: Date patient treated: ____/____/____ Medication(s): _____ _____ Dosage: _____ Duration: _____ Treatment provided for partner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ _____</p>
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Reporter Information

Date Reported to Health Department: ____/____/____
 Reporting Individual: _____ Phone Number: _____
 Reporting Source:
 MD Lab Nurse Other: _____
 Provider Name: _____ Provider Telephone: _____
 Testing Laboratory: MCMC Quest Interpath Labcorp Other _____

FAX COMPLETED REPORT TO 541-506-2601. In addition to your faxed report,
SERIOUS CONDITIONS also warrant a phone call to a live person @ 541 506-2600
*** Reports should be sent to health department for patient's county of residence.**