simcoe muskoka
DISTRICT HEALTH UNIT

Giardiasis Patient Assessment Form

iPHIS Case ID:

Client Information: (Please confirm that client demographics are current)			
Name:	HCN:	DOB:	Sex: ☐ M ☐ F
Address:		City:	Postal Code:
Telephone:	Cell:	Business:	
Family Health Care Provider:		Treating Health Care Provider:	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	

Laboratory Results Notification (Please indicate all appropriate action items)

Has your office:

Received the laboratory results? ☐ **Yes** ☐ **No** **Notified the client of results?** ☐ **Yes** ☐ **No**

Scheduled a follow-up appointment? ☐ **Yes** ☐ **No** **Appointment date:** yyyy / mm / dd

Symptoms (check all that apply)		**Treatment**		
		Medication	**Dosage**	**Duration**
☐ Abdominal Pain	☐ Bloating			
☐ Diarrhea	☐ Pale Greasy Stools	☐ Metronidazole		
☐ Dehydration	☐ Loose Stool	☐ Paromomycin		
☐ Weight loss	☐ Asymptomatic	☐ Tinidazole*		
☐ Other:	specify	☐ Nitazoxanide*		
Symptom onset:	yyyy / mm / dd	☐ Other		
Resolve date:	yyyy / mm / dd	☐ No Treatment Prescribed		
		* Available through Health Canada's Special Access Program		

Risk Factors (Please indicate all risk factors identified during client assessment)

☐ Immunocompromised
☐ Close contact with a case
☐ Anal – oral contact
☐ Consumption of fresh herbs
☐ Consumption of raw vegetables
☐ Poor hand hygiene
☐ Animal contact (pets, farm, petting zoo)
☐ Consumption of raw fruits
☐ Consumption of ready-to-eat, pre-washed, or premade salads
☐ Swim/water contact from lakes, rivers in Ontario
☐ Swim/water contact from pools, hot tubs, water parks in Ontario
☐ Travel outside province in past 3-25 days prior to illness
Where:_____ Travel dates: yyyy / mm / dd to yyyy / mm / dd
☐ Private water source (i.e.: well water)
☐ Municipal Water System
☐ Other (specify): _____

Transmission Factors (Please check all that apply)

Patient Employed/Resides/Attends: ☐ Health Care Institution ☐ Child Care Centre ☐ Food Handler

Please fax back this form as soon as possible to our confidential fax line: (705) 733-7738

This information is collected under Section 1 of Regulation 569 of the Health Protection and Promotion Act, R.R.O. 1990, Reg. 569, s. 1 (1) and R.R.O. 1990, Reg. 569, s. 1 (2); O. Reg. 1/05, s. 1 (1). The personal health information collected in this form will be used only for public health case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.