# Febrile Respiratory Illness (FRI/ILI) Intake Form
# Simcoe Muskoka District Health Unit

## Reporting Source Details:

**Reported By:** _____ **Date:** YYYY/MM/DD
**Time:**
**Facility:** _____ **Phone #:** _____

## Demographic Data

Name:_____ Date of Birth: YYYY/MM/DD Gender: M F UK
(Surname, First Name)

Telephone #: Home:_____ Work:_____ Cell: _____

Email: _____

**Address:**
Street # and Name: _____

City: _____ Province: _____ Postal Code _____

Parent/Guardian Name:_____
(if applicable)

Employer/School/Day Nursery/LTCF:_____
(Circle appropriate)

*Contact Person for Employer / School / Day Nursery/LTCF*

Name: _____ Telephone #: _____

Email: _____

Address: Street # and Name: _____

City: _____ Province: _____

Postal Code _____

## Physician Information:

Reporting Physician: _____

Phone Number: ( ) _____

Family Physician Name (if different than Reporting Physician): _____

Phone Number: ( ) _____

## Patient Information:

Hospitalized? ❑ Yes, if yes -----Hospital Name:_____
❑ No Date Admitted: YYYY/MM/DD Ward: _____
Date Discharged : YYYY/MM/DD
Deceased? ❑ Yes, if yes ------- Date of Death: YYYY/MM/DD
❑ No
Cause of Death:_____ ❑ Unknown

## Signs and Symptoms:

Tick all that apply, include onset of each symptom if possible, e.g. high fever first followed by a bright red rash all over the body, etc.

**Date and time of first symptom onset**: YYYY/MM/DD Hrs.
Was this reported to Public Health before? ❑ Yes….Date: YYYY/MM/DD
❑ No
❑ Unknown

❑ Fever
Recorded Temp_____ ❑ u/k
Date_____

or ❑ Feverish
Date_____

❑ Cough…❑ New
❑ Worsening
Date _____

❑ Shortness Of Breath
Date_____

❑ Sore Throat
Date _____

❑ Myalgia (muscle aches/pains)
Date _____

❑ Arthralgia (joint aches/pains)
Date _____

❑ Fatigue
Date _____

❑ Chills
Date _____

❑ Malaise
Date _____

❑ Headache
Date
_____

❑ Rash
Date _____

❑ Runny Nose
Date_____

❑ Loss of Appetite
Date _____

❑ Dehydration
Date_____

❑ Nausea
Date _____

❑ Vomiting
Date _____

❑ Weight loss
Date_____

❑ Diarrhoea
Date _____
❑ Bloody
Date_____
❑ Watery
Date_____

❑ Cramps (Abd.)
Date_____

❑ Other:_____
Date _____

❑Other:_____
Date: _____

## Diagnostic Tests:

Preliminary reports should be noted in organism identified, this information may be critical to contact management. Smear results assist in preliminary results and an early indication of confirmatory testing.

❑ No diagnostic tests conducted

**Chest X-ray/CT Taken?** ❑ Yes……
❑ No
❑ UK

**Results:** ❑ Normal ❑ Abnormal ❑ U/K
**Infiltrate present?** ❑ Yes ❑ No
**Date** infiltrate detected: YYYY/MM/DD

Pneumonia: ❑ Yes …. Atypical: ❑ Yes
❑No ❑No

Hypoxia - $O^2$ Sats on room air _____

| TEST | SPECIMEN | RESULTS | DATE |
|---|---|---|---|
| ❑ **Serology** | ❑ Acute<br>❑ Convalescent | ❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending | YYYY/MM/DD<br>YYYY/MM/DD |
| ❑ **PCR** | ❑ Stool<br>❑ NP swab<br>❑ Lower resp. tract specimen (sputum, BAL, lung biopsy) | ❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending | YYYY/MM/DD<br>YYYY/MM/DD<br>YYYY/MM/DD |
| ❑ **Autopsy for PCR** | ❑ lung<br>❑ bowel<br>❑ spleen<br>❑ lymph nodes | ❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending<br>❑ **+** ❑ **-** ❑ Pending | YYYY/MM/DD<br>YYYY/MM/DD<br>YYYY/MM/DD<br>YYYY/MM/DD |

Organism Identified: _____
❑ Preliminary ❑ Final

**Smear Results:** ❑ AFB (acid fast bacilli) ❑ positive ❑ negative
❑ Gram Positive _____
❑ Gram Negative _____

**Other Reports:** _____
_____

## Exposure History: (includes travel history).

**Client's Travel History: (within past 14 days)**

❑ Travel History within past 14 days ❑ No Travel History

Countries Visited:

1._____ From:_____To:_____
2._____ From:_____To:_____
3._____ From:_____To:_____

**Did Client have contact with a symptomatic person who has travelled to a high risk area (within past 14 days):**

❑ Yes ❑ No ❑ Don't know

if yes, Name of Case (last name, first name):_____
AND type of contact:

- ❑ household close contact
- ❑ non-household close contact
- ❑ travel
- ❑ health care facility

## Action Taken:

**Document the actions taken by the person receiving the disease report. Please use progress notes to document any actions that cannot be included directly into the content of the form. For after hours reports, this form should be faxed to the Barrie Office, attention: CD Team, at 0830 the next business day.**

**Reported to: Public Health** ❑ yes ❑no **Date:** YYYY/MM/DD **Time:_____**

Faxed to the CD Team: YYYY/MM/DD Hrs.
(705) 733-7738

Signature Date

| Case Definition | |
|---|---|
| **Disease** | **Definition** |
| FRI | FRI is a term used to describe a wide range of droplet-spread respiratory infections, such as colds, influenza, influenza-like illness (ILI) and pneumonia, which usually present with symptoms of:<br>a fever of greater than 38 C (feeling feverish)<br>AND<br>new or worsening cough/shortness of breath.<br><br>Note: elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection so the presence of cough/shortness of breath and a travel history to a country with a health alert in these patients should trigger a report to public health..<br><br>*Sources: Provincial Infectious Diseases Advisory Committee (PIDAC). Preventing Febrile Respiratory Illnesses. Protecting Patients and Staff. September 2005* |

FRI Form Revised July 9, 2004
Revised December 15, 2005
Revised April 27, 2009 (to include ILI)