|  |  |  |  |
| --- | --- | --- | --- |
| **Notification Details** | ⃝ General Practitioner | ⃝ Hospital Practitioner | ⃝ Other |
| **Name of person notifying**  |  | **Date reported** |  |
| **Organisation** |  | **Phone** |  |
| **Case’s GP Details** |  | **Phone** |  |
| **Case classification** | **Patient had known contact with a confirmed case?** |
| ⃝ Yes**Name of confirmed case:****Country where they had contact:** | ⃝ No |
| **Detected at the border** | ⃝ Yes | ⃝ No | **If yes, date of entry to NZ ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PATIENT Details and RISK FACTORS** |
| **Name of case** | **Surname** | **Given Name(s)** |
| **NHI Number** |  | **Date of birth** |  | **Gender** |  |
| **Address** |  |
| **Phone (home)** |  | **Phone (work)** |  | **Mobile** |  |
| **Ethnicities** |  |
| **Occupation and employer** |  |
| **OBSERVATIONS** |
| Temperature:  |
| Respiratory rate: |
| Heart Rate: |
| **Select all observed signs and symptoms;** |
| ⃝ Pharyngea exudate | ⃝ Dyspnea / Tachypnea |
| ⃝ Conjunctival injection | ⃝ Abnormal lung auscultation |
| ⃝ Seizure | ⃝ Abnormal lung x-ray findings? |
| ⃝ Coma |  |
| **BASIS OF DIAGNOSIS** |
| **Please select all reported symptoms:** |
| **Onset date of symptoms:** |
| ⃝ History of fever/chills | ⃝ Shortness of breath | ⃝ Headache |
| ⃝ Difficulty breathing | ⃝ General weakness | ⃝ Irritability/Confusion |
| ⃝ Cough | ⃝ Diarrhea | ⃝ Runny nose |
| ⃝ Sore Throat | ⃝ Nausea/vomiting | ⃝ Pain (please circle) abdominal/muscular/chest/joint? |
| **PAST MEDICAL HISTORY** |
| ⃝ Pregnancy (Trimester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | ⃝ Post-partum (< 6 weeks) |
| ⃝ Cardiovascular disease. Incl. Hypertension | ⃝ Immunodeficiency, incl. HIV |
| ⃝ Diabetes | ⃝ Renal disease |
| ⃝ Liver disease | ⃝ Chronic lung disease |
| ⃝ Chronic neurological disease | ⃝ Malignancy |
| **TRAVEL AND EXPOSURE HISTORY** |
| **Has the patient travelled in the 14 days prior to symptom onset?** | ⃝ Yes⃝ No | **Country of Origin:** |  | **Province/City:** |  |
| **Transit Country/Airport:** |  | **Date:** |  |
| **Transit Country/Airport:** |  | **Date:** |  |
| **Has the patient visited any healthcare facility(ies) in the 14 days prior to symptom onset?** | **⃝ Yes****⃝ No** | **Were they admitted to hospital?****⃝ Yes ⃝ No** | **Date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Has the patient had close contact with a person with acute respiratory infection in the 14 days prior to symptom onset?** | **⃝ Yes****⃝ No** | **If yes, contact setting (check all that apply)** | **⃝ Healthcare Setting****⃝ Family Setting****⃝ Workplace****⃝ Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **If yes, Please provide Location/City/Country of exposure: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you visited any live animal markets in the 14 days prior to symptom onset?** | ⃝ Yes  | ⃝ No | ⃝ Unknown |
| **CLINICAL MANAGEMENT**  |
| **Testing completed?***Upper respiratory tract samples obtained using a flocked nylon nasopharyngeal (NPS) AND oropharyngeal swabs placed into a single red topped tube of VIRAL TRANSPORT MEDIUM**Please follow the Labtests Guidelines:* [*https://www.labtests.co.nz/2020/01/31/novel-coronavirus-2019-ncov-testing-guidelines-for-community-referrers/*](https://www.labtests.co.nz/2020/01/31/novel-coronavirus-2019-ncov-testing-guidelines-for-community-referrers/) | **Respiratory Panel PCR** | **Taken?****⃝ Yes ⃝ No** | **nCoV PCR** | **Taken?****⃝ Yes ⃝ No** |
| **Informed Auckland Regional Public Health Service?** *Phone (09) 6234600 to discuss case and to notify* | **Informed ARPHS?** | **⃝ Yes ⃝ No** |
| **Hospitalised?**  | ⃝ Yes  | ⃝ No | ⃝ Unknown | **Admission****Hospital:** |
| **Treatment provided?** |  |
| **Isolation advice provided?** | ⃝ Yes  | ⃝ No | ***Isolate until well for 24 hours*** |
|  |