



Arizona Department of Health Services

Bureau of Epidemiology & Disease Control
Office of Infectious Disease Services
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WILL HUMBLE, DIRECTOR

Chagas Disease Case Investigation Form

Patient Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Gender: _____ Date of birth: _____
 Race: _____ Ethnicity: _____
 Patient's place of birth (*city, state or providence, country*): _____
 Mother's place of birth (*city, state or providence, country*): _____
 Occupation: _____
 County ID#: _____ State ID#: _____
 Date received by County: _____

Screening

Specimen type	Lab test	Collection date	Final date	Result

Medical history

Symptomatic: _____
 Immunosuppressive condition HIV/AIDS Blood transfusion (date: _____)
 Organ transplant (date: _____)
 Pregnant Breast feeding Other: _____

Symptoms

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Malaise | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Syncope | <input type="checkbox"/> Lymphadenopathy | <input type="checkbox"/> Mega colon |
| <input type="checkbox"/> Hepatosplenomegaly | <input type="checkbox"/> Chagoma | <input type="checkbox"/> Romana sign | <input type="checkbox"/> Heart arhythmias |
| <input type="checkbox"/> Mega esophagus | <input type="checkbox"/> Meningoencephalitis | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Myocarditis |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Swelling in feet/ankles | <input type="checkbox"/> Difficulty swallowing | |

Laboratory Results:

- | | | |
|---|---|--|
| <input type="checkbox"/> ELISA- Repeat reactive | <input type="checkbox"/> RPIA- Confirmed | <input type="checkbox"/> Thick or thin blood smear |
| <input type="checkbox"/> PCR | <input type="checkbox"/> IFA (Titer: _____) | <input type="checkbox"/> Comp. Fix (Titer: _____) |
| <input type="checkbox"/> Hemogglutination | <input type="checkbox"/> Xenodiagnosis | |

Treatment

- Treated: Nifurtimox Benznidazole _____

Travel

Countries where patient has lived/traveled other than the United States:

Country	City/State	How long?	When?	Rural
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Outcome

_____ Date of death: _____

Classification

This case is _____

Interviewee

Name: _____ Phone: _____
Relationship: _____

