

PARASITOLOGY PATIENT'S HISTORY FORM

PARASITE _____
STAGE _____

LAB # w _____

NAME _____

GENDER _____ AGE _____

GEOGRAPHICAL HISTORY:

When was the parasite collected? _____

Where (e.g., town, city or rural area) was the parasite likely acquired/first observed/collected?

Did the patient travel outside Ontario and if so:

-where? _____

-when? _____

-how long? _____

Does patient live in rural or urban area? _____

If in urban area, does patient frequent rural areas? _____

Does patient have any contact with animals? YES / NO

If yes, please specify _____

CLINICAL HISTORY:

What part of body was affected? _____

How long? _____

Symptoms? _____

When did symptoms begin? _____

How long did symptoms last? _____

ADDITIONAL INFORMATION: (Use other side if needed) _____

Please Return To:

Public Health Ontario Laboratory
Parasitology c/o Shipping and Receiving Dock
661 University Avenue-Toronto, Ontario, M5G 1M1



testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.