

RENSIMER & ASSOCIATES
ZIKA DISEASE (ZD) NEW PATIENT INTAKE FORM/ORDER SHEET

ZD-2

9230 Katy Freeway, Suite 400
 Houston, TX, 77055
 Fax: 713-973-0805

Name: _____ yrs _____
 Payment Method: _____ Insurance: **Patient Fee per co-pays/deductibles** Age _____ Male _____ Female _____ DATE _____
 _____ Self: \$150 Handling fee; \$225 Zika IgM; \$275 Zika PCR; \$550 Zika PCR/ Quantitative
 _____ Other: _____

Reason for Visit: _____ Zika Virus Test
 _____ Requests Physician Evaluation

Illness Onset: _____
 Date _____

Symptoms: *For testing, one of these, plus one other symptom

	Days	Wks
_____ Diarrhea x	_____	_____
_____ Eye Redness x	_____	_____
_____ Eye Inflammation x (conjunctivitis)	_____	_____
_____ Fever* x	_____	_____
_____ Joint Aches x	_____	_____
_____ Malaise x	_____	_____
_____ Muscle Aches x	_____	_____
_____ Rash*x	_____	_____
_____ Other: _____	_____	_____

Exposure (ZD):
 _____ Travel to ZD-Active Country: _____
 _____ Arrival Date _____ Return Date

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 _____ Sexual intimacy with traveler to ZD-Active Country: _____
 _____ Countries/Date (intimacy)
 _____ Blood Transfusion
 _____ When? _____ Where? _____

_____ Sexually Active: _____
 _____ Last time
 _____ Pregnant: _____ mo.'s _____ Possibly Pregnant: _____
 _____ Onset Date of Last Period (menses)
 _____ Practicing Birth Control: _____
 _____ Type

Underlying MEDICAL PROBLEMS:
 History of these infections: ___ Dengue ___ Yellow Fever ___ West Nile virus ___ Chikungunya ___ Japanese encephalitis
 History of these vaccines: ___ Yellow Fever ___ Japanese encephalitis ___ Tick-Borne Encephalitis
 _____ Diabetes Mellitus
 _____ Kidney/Liver Disease/Dysfunction
 (circle)

Allergies: _____
 Immune Deficiency: _____
 Other Medical Problems: _____
 Medications: _____

_____ Tell patient lab MAY NOT run the test with the clinical info provided or if exposure > 12 wks prior to the sample taken, even after a blood or urine sample has been submitted; that will not cancel our charges for our time: _____
 Patient Initials
 _____ ATTENTION: Tell patient if exposure was ≥ 12 weeks ago, lab may decline performing the test: _____
 Patient Initials

COMMENTS: IgM- On all ≥ 4d after symptom onset
 PCR- Up to 14d after symptom onset or possible exposure.
 ≥ Two symptoms within two weeks of travel
 2-12 weeks post-travel, if pregnant (and asymptomatic): IgM test first; if positive, do PCR.
 IF IgM pos/ PCR neg, do dengue IgM.

PHYSICIAN SECTION	Patient will need OV	Contact Patient	Neg	Pos
_____ Zika Virus RT-PCR; ___ Blood ___ Urine	_____ Influenza Antigen w/ Reflex PCR(respiratory)	Zika	_____	_____
_____ Zika Virus ___ IgM(≥ 14d post)	_____ Dengue: ___ IgM ___ IgG ___ PCR(blood)	Flu	_____	_____
_____ Enter on ZVRL	_____ Chikungunya: ___ IgM ___ IgG ___ PCR (blood)	Dengue	_____	_____
		Chikungunya	_____	_____

Edward R. Rensimer MD