



## COMMUNICABLE DISEASE REFERRAL FORM

Please fax completed form and any lab tests used for diagnosis and/or follow up to (909) 387-6377  
If you have any additional questions or concerns, please call the Communicable Disease Section (CDS) at (800) 722-4794

Patient Details		
<b>Full Name:</b>	<b>Date of Birth:</b> Enter date	
<b>Address:</b>	<b>Pregnant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<b>Primary Phone Number:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Cell	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MTF <input type="checkbox"/> FTM
<b>Primary Language:</b>	<b>Interpreter Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Details		
<b>Is the patient currently experiencing any of the following symptoms:</b> <input type="checkbox"/> Fever (>100.4°F/38°C) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath NOTE:		
Exposures		
<b>Has the patient had contact with a confirmed or suspect COVID-19 case within last 14 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Has the patient had contact with anyone with an unexplained respiratory illness within last 14 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Testing		
<b>Have any of the following tests been performed:</b> <input type="checkbox"/> <b>Influenza Rapid:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/> <b>Respiratory Viral Panel:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending  <b>Have any of the radiographic imaging been performed:</b> <input type="checkbox"/> <b>X-ray:</b> <input type="checkbox"/> Radiographic evidence of atypical pneumonia <input type="checkbox"/> No evidence <input type="checkbox"/> <b>Chest CT:</b> <input type="checkbox"/> Radiographic evidence of atypical pneumonia <input type="checkbox"/> No evidence		
Follow-Up Information		
<b>CDI Name (Please Print):</b>		
<b>Preferred Contact Method:</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Fax	<b>Extension:</b>	<b>Date:</b> Enter date

- <sup>1-3</sup> **Syphilis, Gonorrhea, and Chlamydia.** For more information, see CDPH STD Treatment Guidelines: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Treatment-Guidelines-Color.pdf> and the MMWR Sexually Transmitted Diseases Treatment Guidelines, 2015: <https://www.cdc.gov/mmwr/pdf/rr/rr6403.pdf>
- <sup>4-5</sup> **Meningococcal Disease PEP.** For more information, see: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-MeningQuicksheet.pdf>
- <sup>6</sup> **Measles.** For more information on Measles PEP, see: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf>. For more information on Measles immunoglobulin, see: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-IGPEPQuicksheet.pdf>
- <sup>7</sup> **Pertussis.** For more information on Pertussis PEP, see: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/PertussisQuicksheet.pdf>
- <sup>8</sup> **Hepatitis A.** Persons receiving both vaccine and IG for post-exposure prophylaxis may receive them simultaneously, or they may receive either available product first and the second product as it can be accessed, providing it is administered within the 14-day PEP window. For additional guidance on how to administer vaccine and PEP, including the administration at anatomically distant sites, see: <http://tinyurl.com/yxyhdv6> For ACIP Recommendations on use of hepatitis A vaccine for PEP, see: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm>
- <sup>9</sup> **Rabies.** HRIG is administered at a dose of 20 IU/kg body weight for all age groups and should be administered closest to the area of the bite. For ACIP recommendations, see MMWR <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5703a1.htm>