

**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.