

If acute viral Hepatitis is suspected as a diagnosis for a patient, please complete the following questions to the best ability possible and fax to your local health department. In accordance with 902 KAR 2:020, cases of hepatitis A are to be reported to the local or state health department within 24 hours.

Patient Information			
Name:	Patient ID:	Age:	Sex:
In the last 7 weeks: Number of Male sexual partners: _____ Number of Female sexual partners: _____			
Patient Interviewed? Yes / No	Date of Interview: / /	Previous Hepatitis B vaccination? Yes / No	
Reporting Provider:	Facility:	Provider Phone Number:	

	Question (Within the last 7 weeks...)	Yes	No	Unk	Comments	
Housing (if homeless)	1. Did you spend the night at any of the following places? (Select all that apply)	A. Friend's/family member's home				<ul style="list-style-type: none"> Any contacts in home? Last stay?
		B. Shelter				<ul style="list-style-type: none"> Shelter name and location: Date of last stay:
		C. Street				<ul style="list-style-type: none"> Cross-streets, detailed location:
		D. Jail/prison				<ul style="list-style-type: none"> Location and date of release:
		E. Other:				<ul style="list-style-type: none"> How long did you stay?
Activity	2. Did you work for, or volunteer at a place that serves homeless persons?				<ul style="list-style-type: none"> Names and locations: Food worker? Yes / No <ul style="list-style-type: none"> Dates you worked there? 	
	3. Did you or anyone you have close contact with travel outside of the United States?				<ul style="list-style-type: none"> If yes, specify where travelled and travel dates: 	
Food Sources	4. Did you get your food from:	A. Restaurants				<ul style="list-style-type: none"> Name and location:
		B. Shelter, soup kitchen, food lines, churches				<ul style="list-style-type: none"> Shelter/Kitchen/Agency/Church name and location:
		C. Other				<ul style="list-style-type: none"> Specify:
Contacts	5. Do you know anyone else with similar symptoms in the past few months? The health department may want to contact others who may have become ill like you. May we contact the people you've mentioned? Y / N				Name: Phone Number:	Name: Phone Number:
Drug use (if applicable)	6. Did you use any recreational drugs?				<ul style="list-style-type: none"> Method of drug use (Please circle all that apply): Injected smoked snorted ingested other (_____) 	