

**Department of Pathology & Laboratory
Medicine**

**Parasitology History Sheet
(Clinical Microbiology)**

HSN: _____ Chart #: _____

Patient Name: _____
Last First

Date of Birth: _____
DD/MM/YYYY

Male Female

Ward/ Location: _____

Patient to Complete this Section

- If answer is **YES** to any of the questions below, collect two(2) specimens on **alternate** days

Specimen #1

Collection Date(DD/MM/YYYY): _____ Collection Time: _____

Specimen #2 (if required)

Collection Date(DD/MM/YYYY): _____ Collection Time: _____

Patient History

- All sections **MUST** be filled out by Requesting Physician or Practitioner unless otherwise specified
- No patient history or incomplete patient history provided will result in **ONLY** a screen for *Giardia* and *Cryptosporidium* being performed

1. Has the patient traveled outside of Canada or USA within the last 3 months?

No Yes (specify below)

Date of travel: _____ Country: _____

2. Is the patient a recent immigrant within the last 3 months?

No Yes (specify below)

Date of immigration: _____ Country: _____

3. Is the patient immunocompromised? No Yes

4. Has the patient had a history of parasitic infections No Yes (specify below)

Date: _____ What parasite? _____

5. Has the patient spent time in Africa or the Middle East? No Yes (specify below)

Dates of Travel: _____ Country: _____

6. Has the patient had any of the following preparations within the last 2 weeks?

➤ Barium enema No Yes

➤ Anti-parasite drugs No Yes

NOTE: If yes , please wait 2 weeks POST treatment to collect specimens

7. List most obvious symptoms and the length of time symptoms have been present: