



MORBIDITY REPORT FORM

2223 West Loop South
Houston, TX 77027

(713) 439-6000 Phone
(713) 439-6306 Fax

Reported By _____ Date _____ Email _____
Agency _____ Phone # _____ Fax # _____

PATIENT DEMOGRAPHIC DATA

Last Name _____ First Name & MI _____
Address _____ City, Zip code _____
Home Phone () -- Primary Language _____
DOB _____ Age _____ Sex M F
Race/Ethnicity _____ Soc Sec Number _____
Occupation/Work Place _____ Tel () --
School/Day Care Center _____ Tel () --
Parent/Contact Person _____ Tel () --

DISEASE DATA

Date of Onset _____ **REPORTABLE DISEASE/ORGANISM** _____
Species/serotype _____

Source of Specimen	Date of Collection	Diagnostic test and Result	Source of Specimen	Date of Collection	Diagnostic test and Result

Symptoms _____
Admission DX _____
Discharge DX _____

HOSPITAL OR CLINIC DATA

Hospital _____ Check all that apply/Date _____
Medical Rec Number _____ Office/Clinic visit _____
Physician/Clinic _____ ER/Outpatient _____
Phone/Pager _____ Admission _____
Hospital Transferred To/From _____ Discharge _____
Transfer Date _____ Expired _____

Comments/Patient History/Risk Factors

[Do NOT fax HIV/AIDS related patient information]

All STDs (gonorrhea, syphilis, chancroid, laboratory confirmed *Chlamydia trachomatis*, and AIDS/HIV) should be reported to:

- STD Control, Houston Department of Health and Human Services (HDHHS)
8000 North Stadium Dr. (77054), phone: (713) 794-9181.

Tuberculosis should be reported based on residence of case to:

- Houston residents-HDHHS, 6260 West Park #200 (77057)
Phone: (713) 278-6662 fax: (713) 532-5342
- Harris County residents (outside Houston) HCPH, 2223 West Loop S. (77027) attention: TB Program
Phone: (713) 439-6214 fax: (713) 439-6371