



# ARAPAHOE COUNTY PUBLIC HEALTH

## DISEASE REPORT FORM FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

### Case information

DATE: \_\_\_\_\_

Reported by: \_\_\_\_\_ Organization: \_\_\_\_\_

Case's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

Primary phone(s): \_\_\_\_\_ Secondary phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If not Arapahoe County, please specify: \_\_\_\_\_ School/Employer: \_\_\_\_\_

### Medical information

Disease: \_\_\_\_\_ Onset date: \_\_\_\_\_ Specimen type: \_\_\_\_\_

Specimen collection date: \_\_\_\_\_ Lab tests performed: \_\_\_\_\_

Lab confirmed:  Yes  No Name of lab: \_\_\_\_\_

Other relevant medical/Rx/immunization info: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Health care provider information

Health care provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**For your convenience, you may report diseases by phone Monday through Friday, 8:00 A.M. to 5:00 P.M. at 303-795-4584**

**For after hour and weekend emergencies:**  
**Contact the Arapahoe County Public Health at 303-795-4584 or the Colorado Department of Public Health and Environment at 303-370-9395**

**For Internal Use:**  
**Date Report Received: \_\_\_\_\_ Received By: \_\_\_\_\_**