

Please complete all sections.

Panorama QA complete: Yes No
 Initials: _____

Panorama Client ID: _____
 Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home): Address at time of infection if not the same:	

B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> VECTOR-BORNE AND ZONOTICS ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE:	Date	Classification: CONTACT:	Date	LAB TEST INFORMATION:
<input type="checkbox"/> Confirmed	YYYY / MMM / DD	<input type="checkbox"/> Contact	YYYY / MMM / DD	Date specimen collected: YYYY / MMM / DD
<input type="checkbox"/> Does Not Meet Case	YYYY / MMM / DD	<input type="checkbox"/> Not a Contact	YYYY / MMM / DD	
<input type="checkbox"/> Person Under Investigation	YYYY / MMM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MMM / DD	
<input type="checkbox"/> Probable	YYYY / MMM / DD			
<input type="checkbox"/> Suspect	YYYY / MMM / DD			
Disposition: FOLLOW UP: <input type="checkbox"/> In progress YYYY / MMM / DD <input type="checkbox"/> Complete YYYY / MMM / DD <input type="checkbox"/> Incomplete - Declined YYYY / MMM / DD <input type="checkbox"/> Not required YYYY / MMM / DD <input type="checkbox"/> Incomplete – Lost contact YYYY / MMM / DD <input type="checkbox"/> Referred – Out of province YYYY / MMM / DD <input type="checkbox"/> Incomplete – Unable to locate YYYY / MMM / DD (Specify where) YYYY / MMM / DD				
REPORTING NOTIFICATION		Location:		
Name of Attending Physician or Nurse:				
Provider's Phone number:		Date Received (Public Health): YYYY / MMM / DD		
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____				

C) DISEASE EVENT HISTORY

INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

Site / Presentation: <input type="checkbox"/> Cutaneous <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Inhalational <input type="checkbox"/> Injection site <input type="checkbox"/> Other
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Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

D) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Cellulitis		YYYY / MMM / DD	Meningitis		YYYY / MMM / DD
Chills		YYYY / MMM / DD	Pain - abdominal		YYYY / MMM / DD
Cough		YYYY / MMM / DD	Pain - chest		YYYY / MMM / DD
Cyanosis		YYYY / MMM / DD	Pain - cutaneous		YYYY / MMM / DD
Dyspnea - shortness of breath		YYYY / MMM / DD	Pharyngitis (sore throat)		YYYY / MMM / DD
Edema - around eschar		YYYY / MMM / DD	Pleural effusion		YYYY / MMM / DD
Edema - soft tissue		YYYY / MMM / DD	Pulmonary infiltrates		YYYY / MMM / DD
Eschar		YYYY / MMM / DD	Rash - papules		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Rash - papules - pruritic		YYYY / MMM / DD
Gastrointestinal symptoms (nausea, vomiting, diarrhea, abdominal swelling)		YYYY / MMM / DD	Rash - vesicles		YYYY / MMM / DD
Infection - soft tissue		YYYY / MMM / DD	Respiratory distress		YYYY / MMM / DD
Lymphadenopathy - mediastinal		YYYY / MMM / DD	Sepsis		YYYY / MMM / DD
Malaise		YYYY / MMM / DD	Stridor		YYYY / MMM / DD
Necrotizing fasciitis		YYYY / MMM / DD			
Other Signs & Symptoms if applicable					

E) INCUBATION AND COMMUNICABILITY

INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case:	
Earliest Possible Exposure Date: YYYY / MMM / DD	Latest Possible Exposure Date: YYYY / MMM / DD
<i>Exposure Calculation details:</i>	

F) RISK FACTORS

INVESTIGATION-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Animal Exposure - Farms (specify)	YYYY / MMM / DD		Occupation - Veterinarian or related worker	YYYY / MMM / DD	
Animal Exposure - Petting zoos/zoos/special events/other (specify)	YYYY / MMM / DD		Substance Use - Injection drug use (including steroids)	YYYY / MMM / DD	
Animal Exposure - Infected animal (specify)	YYYY / MMM / DD		Travel - Outside of Canada (specify)	YYYY / MMM / DD	
Occupation - Farmer	YYYY / MMM / DD		Travel - Outside of Saskatchewan, but within Canada (specify)	YYYY / MMM / DD	
Occupation - Other (specify)	YYYY / MMM / DD		Travel - Within Saskatchewan (Specify)	YYYY / MMM / DD	

G) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (<i>Panorama = Other Meds</i>): _____
Prescribed by: _____ Started on: YYYY / MMM / DD

H) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Assessment: <input type="checkbox"/> Assessed for contacts (individuals exposed to the same source) YYYY / MM / DD Investigator name	Immunization: <input type="checkbox"/> Eligible Immunizations recommended YYYY / MM / DD Investigator name
Communication: <input type="checkbox"/> Letter (specify) YYYY/ MM /DD <input type="checkbox"/> Other communication (specify) YYYY/ MM /DD Investigator name	Other Investigation Findings <input type="checkbox"/> Investigator Notes YYYY/ MM /DD <input type="checkbox"/> See Document Management YYYY/ MM /DD

