Government
of
Saskatchewan

PANORAMA

Q Fever Data Collection Worksheet

Please complete **all** sections.

Panorama QA complete: ☐ **Yes** ☐ **No**

Initials:

Panorama Client ID: ___________

Panorama Investigation ID: ___________

A) CLIENT INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _______	Alt. Contact ______________________ Alt.Contact phone: ____________________ Relationship: _________________________	ETHNICITY: ☐ Indigenous
Health Card Province: ________ Health Card Number (PHN): _________________________________		Gender: ☐ M ☐ F ☐ Unknown ☐ Other
Place of Employment/School: _______________________________________	Email Address: __________________________________	Gender Identity: ☐ Transgender Male-to-female ☐ Transgender Female-to-male ☐ Undifferentiated ☐ Other (specify)
Phone #: ☐ Primary Home: ☐ Mobile contact: ☐ Workplace: Preferred Communication Method _________________	Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home):	
Panorama Client ID: _____________________ Panorama Investigation ID: ____________________		

B) IMMIGRATION INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION->IMMIGRATION INFORMATION

Country Born in: ____________________________

Country Emigrated from: _____________________ Arrival Date: YYYY / MMM / DD OR Arrival Year__________________

C) INVESTIGATION INFORMATION

SUBJECT SUMMARY->CDC ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE:	**Date**	**Classification: CONTACT:**	**Date**	**LAB TEST INFORMATION:**
☐ Confirmed	YYYY / MMM / DD	☐ Contact	YYYY / MMM / DD	Date specimen collected: YYYY / MMM / DD
☐ Does Not Meet Case	YYYY / MMM / DD	☐ Not a Contact	YYYY / MMM / DD	
☐ Person Under Investigation	YYYY / MMM / DD	☐ Person Under Investigation	YYYY / MMM / DD	
☐ Probable	YYYY / MMM / DD			
☐ Suspect	YYYY / MMM / DD			

Disposition:

FOLLOW UP:

☐ In progress	YYYY / MMM / DD	☐ Complete	YYYY / MMM / DD
☐ Incomplete - Declined	YYYY / MMM / DD	☐ Not required	YYYY / MMM / DD
☐ Incomplete – Lost contact	YYYY / MMM / DD	☐ Referred – Out of province	YYYY / MMM / DD
☐ Incomplete – Unable to locate	YYYY / MMM / DD	(Specify where)	YYYY / MMM / DD

REPORTING NOTIFICATION Name of Attending Physician or Nurse:	Location:
Provider's Phone number:	Date Received (Public Health): YYYY / MMM / DD

Type of Reporting Source: ☐ Health Care Facility ☐ Lab Report ☐ Nurse Practitioner ☐ Physician ☐ Other______________________

D) DISEASE EVENT HISTORY

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

Staging: ☐ Acute ☐ Chronic

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Please complete **all** sections**.**

Panorama Client ID: ___________
Panorama Investigation ID: ___________

E) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	**No**	**Yes – Date of onset**	**Description**	**No**	**Yes - Date of onset**
Abdominal - cramping		YYYY / MMM / DD	Lethargy (fatigue, drowsiness, weakness, etc)		YYYY / MMM / DD
Abortion – spontaneous (miscarriage)		YYYY / MMM / DD	Malaise		YYYY / MMM / DD
Cardiac - endocarditis		YYYY / MMM / DD	Myalgia (muscle pain)		YYYY / MMM / DD
Chills		YYYY / MMM / DD	Neurologic - ataxia (loss of muscle coordination)		YYYY / MMM / DD
Fetal death – stillbirth		YYYY / MMM / DD	Pain - abdominal		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Pain - chest		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Pneumonitis		YYYY / MMM / DD
Hepatitis		YYYY / MMM / DD			
Other Signs & Symptoms if applicable					

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 (Add'l Info)	YYYY / MMM / DD		**Travel** - Outside of Canada (Add'l Info)	YYYY / MMM / DD	
Animal Exposure – Infected animal (Add'l Info)	YYYY / MMM / DD		**Travel** - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MMM / DD	
Animal Exposure - Other (Add'l Info)	YYYY / MMM / DD		**Travel** - Within Saskatchewan (Add'l Info)	YYYY / MMM / DD	
Animal Exposure - Wild animals (other than rodents) (Add'l Info)	YYYY / MMM / DD		**Special Population** - Pregnancy	YYYY / MMM / DD	
Chronic Medical Condition – Cardiac Disease			**Special Population -** Occupation - Farmer		
Immunocompromised – Related to underlying disease or treatment			**Special Population -** Occupation - Veterinarian or related worker		

G) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication ***(Panorama = Other Meds) :*** ____

Prescribed by:______________________________________ Started on: YYYY / MMM / DD

H) TREATMENT

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication ***(Panorama = Other Meds) :*** ____

Prescribed by:______________________________________ Started on: YYYY / MMM / DD

I) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:	
Assessment: ☐ Assessed for contacts YYYY / MM / DD Investigator name	**Environmental health**: ☐ Inspection YYYY / MM / DD Investigator name
Communication: ☐ Other communication (see Investigator Notes) YYYY / MM / DD Investigator name ☐ Letter (See Document Management) YYYY / MM / DD Investigator name	**Referral**: ☐ Saskatchewan Occupational Health and Safety YYYY / MM / DD Investigator name ☐ Canadian Blood Services YYYY / MM / DD Investigator name
Contact Notification: ☐ Contact Notification/education	**Education/counselling:** ☐ Prevention/Control measures YYYY / MM / DD ☐ Disease information provided YYYY / MM / DD Investigator name
General: Investigator name ☐ Disease-Info/Prev-Control YYYY/ MM / DD ☐ Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD	**Other Investigation Findings:** ☐ Investigator Notes YYYY / MM / DD ☐ See Document Management YYYY / MM / DD

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Please complete **all** sections.

Panorama Client ID: ___________
Panorama Investigation ID: ___________

Date	**Intervention subtype**	**Comments**	**Next follow-up Date**	**Initials**
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
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YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

J) EXPOSURES

Acquisition Event LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID:_________

Exposure Name: ____

Acquisition Start YYYY / MM / DD to **Acquisition End:** YYYY / MM / DD

Location Name: ____

Setting Type

☐ Travel

☐ Most likely source

K) OUTCOMES (if applicable)

INVESTIGATION->OUTCOMES

☐ ICU/intensive medical care:

☐ Hospitalization

☐ Fatal

Cause of Death: (if Fatal was selected) ____________________________

Initial Report completed by:		**Date initial report completed:** YYYY / MMM / DD