



Creutzfeldt-Jakob Disease Reporting Form

to be faxed to health authority where patient resided (see attached map)

PERSON REPORTING			
Physician last name:		First:	
Office phone number:		Hospital secretary number:	
Street address:		City:	Prov: Postal:

PATIENT INFORMATION			
Patient's last name:		First:	PHN:
Birth date(m/d/y):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> VCH <input type="checkbox"/> NHA	
Street address:		City:	Prov: Postal:

CLINICAL INFORMATION		
CJD Type: <input type="checkbox"/> sporadic <input type="checkbox"/> familial <input type="checkbox"/> iatrogenic <input type="checkbox"/> variant		
Case Status: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable	Status confirmed date(m/d/y):	
Symptom onset date (m/d/y):		
Signs and symptoms description :		
Potential exposures of the patient to prion infectivity (e.g., growth hormone, dura mater) :		
Has patient been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, where:	Hospitalized date (m/d/y):
Potential exposures of others to the case i.e., infectivity originating with the patient (e.g., endoscopy, neurosurgery) : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, where:	when:	
Neurologist Signature:		Date:

Health Authority Contact Information for Submitting Creutzfeldt-Jakob Disease Report Forms



Northern Health
Preventive Public Health
Tel: 250.565.2649
Fax: 250.565.6674

Map created May 2018
by BCCDC

Island Health
North Island CD Program
Tel: 1.877.887.8835
Fax: 1.250.331.8513

Interior Health
Communicable Disease Unit
Tel: 250.549.6315
Fax: 250.549.6310

Island Health
Central Island CD Program
Tel: 250.740.2615
Fax: 250.755.7924

Fraser Health
Maple Ridge Health Unit
Attn: CD Team
Tel: 604.476.7000
Fax: 604.476.7020

Island Health
South Island CD Program
Tel: 250.388.2225
Fax: 250.388.2228

Vancouver Coastal Health
Communicable Disease Control
Tel: 604.675.3900
Fax: 604.731.2756