Print Form

Case ID #

Cocaine-Associated Agranulocytosis: BC Case Report Form

Please FAX to BCCDC at 604-707-2516 **Completed by MHO:** **Contact phone #**

Date of Report:	Health Authority:	Reporting MD:	MD Phone:

PATIENT INFORMATION **Patient agrees to be contacted by BCCDC directly in the future?** ☐ **Yes** ☐ **No**

First Name:
Last Name:
☐ **Male** ☐ **Female**

If acute care setting, please provide the patient's usual family physician OR healthcare provider/clinic/service organization:

Date of Birth: ***(dd/mm/yy)***
Ethnicity:
PHN:

Pt Address:
Pt Phone:

Provider Address:
Provider Phone:

CLINICAL INFORMATION

Severe agranulocytosis < 0.5: ☐ Yes ☐ No Cocaine use: ☐ Yes ☐ No ☐ Unk

Date of onset of Current Episode: *(dd/mm/yy)*

Previous similar episode? ☐ Yes ☐ No if "Yes" → Number episodes to date (including current episode): Dates*(dd/mm/yy)*:

Concurrent Chronic Illness (es)? (i.e.: rheumatic conditions) ☐ Yes ☐ No if "Yes" → Diagnoses:

In relation to this episode of agranulocytosis, has the patient been diagnosed with the following?

Fever >38°	☐ Yes	☐ No	☐ Unk	Pneumonia	☐ Yes	☐ No	☐ Unk
Skin Infections	☐ Yes	☐ No	☐ Unk	Perianal Ulcers	☐ Yes	☐ No	☐ Unk
Oral Ulcers	☐ Yes	☐ No	☐ Unk	Cutaneous Necrosis	☐ Yes	☐ No	☐ Unk
Vasculitis	☐ Yes	☐ No	☐ Unk	Other Infections (specify):			

MEDICAL HISTORY

HIV status: ☐ Pos ☐ Neg ☐ Unk

If Pos, latest CD4 count

Hepatitis B status: ☐ Pos ☐ Neg ☐ Unk

Hepatitis C status: ☐ Pos ☐ Neg ☐ Unk

Current Medications:

Methadone: ☐ Yes ☐ No ☐ Unk

Cocaine Type: ☐ Powder ☐ Crack (rock)

Mode of Use: ☐ Smoking ☐ Injection ☐ Snorting

Name of Drug	Duration of Use (Yrs)	Last Used (Date)	Frequency (per day)
Cocaine			
Other recently used drugs (specify)			

MEDICAL HISTORY

CBC & Differential: ☐ Yes ☐ No

Date Absolute Neutrophil Count

Haematology Consultation: ☐ Yes ☐ No

Bone Marrow Aspiration: ☐ Yes ☐ No

Other (Specify):

Unk=unknown **Please visit http://www.bccdc.ca/cocaine for more information** Updated: 14-Mar-2011