National University Hospital

Patient Liaison Centre (PLC)
Clinical Checklist for Suspected ID Condition

[Restricted, Sensitive (Normal)]

As this patient displays clinical suspicion of an infectious disease, FURTHER APPROVAL BY OUR INFECTIOUS DISEASE CONSULTANT IS REQUIRED.

The following are critical information which must be FULLY COMPLETED in order for PLC to continue to assist with your request.

Date of Information:

_____

PATIENT INFORMATION	
Name of Patient (as in NRIC/passport):	NRIC/Passport No.:
NUH Registration No. (if avail):	Gender: F ☐ M ☐

BELOW MEDICAL INFORMATION IS PROVIDED BY	
Name:	Relationship to Patient:

ADDITIONAL MEDICAL INFORMATION			
(A) AVIAN INFLUENZA			
1) Has patient been tested for avian influenza?	No ☐	Yes ☐	If yes, test result to be provided.
2) Is there any clinical suspicion that patient may be infected?	No ☐	Yes ☐	If yes, why?
(B) MULTI RESISTANT ORGANISMS			
1) Has patient been tested for multi resistant organism such as VRE, CRE and/or MRSA? VRE: Vancomycin-Resistant Enterococci CRE: Carbapenem-Resistant Enterobacteriaceae MRSA: Methicillin-Resistant Staphylococcus Aureus	No ☐	Yes ☐	If yes, test result to be provided.
2) Have any other respiratory pathogens been found?	No ☐	Yes ☐	If yes, which type? Test result to be provided.
(C) TUBERCULOSIS			
1) Has patient been screened for TB, ie chest x-ray and sputum AFB?	No ☐	Yes ☐	If yes, test result to be provided.
2) Is there any clinical suspicion that patient may be TB positive?	No ☐	Yes ☐	If yes, why?
3) Has patient been diagnosed with TB before?	No ☐	Yes ☐	If yes, when?
4) Has patient been treated for TB before?	No ☐	Yes ☐	If yes, when?
(D) MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS			
1) Has patient been tested for MERS-CoV?	No ☐	Yes ☐	If yes, test result to be provided.
2) Is there any clinical suspicion that patient may be colonized or infected?	No ☐	Yes ☐	If yes, why?
(E) CHICKEN POX / MEASLES			
1) Is there any clinical suspicion that patient may have chickenpox or measles now?	No ☐	Yes ☐	If yes, which type and why?
2) Has patient been tested for measles before?	No ☐	Yes ☐	If yes, test result to be provided.
3) Has patient been in contact with anyone with measles in the last 2 weeks?	No ☐	Yes ☐	If yes, when?