

Houston Methodist Referral for Monkeypox Screening and Testing

Fax to 713-441-4417

HM2586



PATIENT DEMOGRAPHICS				
LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS		CITY	STATE	ZIP
TELEPHONE			EMAIL	
PHYSICIAN INFORMATION				
PHYSICIAN				NPI #
PHYSICIAN'S SIGNATURE				DATE / TIME
OFFICE CONTACT NAME & PHONE NUMBER				

Please note all fields are required; missing data will result in referral denial.

Diagnosis Code (ICD-10): _____

Does the patient have any of the following symptoms? **Date of symptoms onset:** _____

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Rash | <input type="checkbox"/> Pruritis (itching) | <input type="checkbox"/> Myalgia (muscle aches) | <input type="checkbox"/> Rectal Bleeding |
| <input type="checkbox"/> Enlarged Lymph Nodes | <input type="checkbox"/> Vomiting or Nausea | <input type="checkbox"/> Headache | <input type="checkbox"/> Pus or Blood in Stool |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Chills | <input type="checkbox"/> Tenesmus (urgency to defecate) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eye Lesions | <input type="checkbox"/> Malaise (general feeling of illness/weakness) | <input type="checkbox"/> Rectal Pain | |
| <input type="checkbox"/> Conjunctivitis | | | |

Does the patient have fever? ☐ Yes or ☐ No; If yes, highest temperature _____ ° F

If the patient has a rash when was the onset? Date of rash onset: _____

At what site(s) is the rash currently located?

- | | | | |
|-------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Face | <input type="checkbox"/> Mouth, Lips, or Oral Mucosa | <input type="checkbox"/> Legs | <input type="checkbox"/> Genitals |
| <input type="checkbox"/> Head | <input type="checkbox"/> Trunk | <input type="checkbox"/> Palms of Hands | <input type="checkbox"/> Perianal |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Arms | <input type="checkbox"/> Soles of Feet | <input type="checkbox"/> Other: _____ |

Distribution of lesions (mark one):

- ☐ Centrifugal (concentrated at the head and extremities)
☐ Centripetal (concentrated on the trunk)

Current lesion development stage(s): ☐ Macules ☐ Papules ☐ Vesicles ☐ Pustules ☐ Scabs

Are all lesions at the same stage? ☐ Yes ☐ No ☐ Unknown

Are the lesions deep seated and profound (i.e., are the lesions deep in the skin)? ☐ Yes ☐ No ☐ Unknown

Are the lesions well-circumscribed (i.e., are the lesions well defined from the surrounding skin)? ☐ Yes ☐ No ☐ Unknown

Are the lesions umbilicated (i.e., are the centers of the lesions depressed like a navel)? ☐ Yes ☐ No ☐ Unknown

In the 21 days before symptom onset, did the patient (mark all that apply):

- ☐ Have close contact with a known monkeypox case? If Yes, please list date(s): _____
☐ Have any sexual encounters? If yes, ☐ Any Male(s) ☐ Any Female(s) ☐ Any Non-binary Person(s)
 Date(s) of sexual contact: _____

Comments: _____

