

## **URGENT MEDICAL CONSULTATION REQUEST**

**To:** [Consultant Name/Department of Infectious Diseases]

**From:** [Referring Physician Name]

**Date:** [Current Date]

**Subject:** Urgent Evaluation Request: Unknown Pathogen / Undifferentiated Febrile Illness

### **PATIENT INFORMATION:**

Name: [Patient Name]

DOB: [Date of Birth]

Medical Record Number: [MRN]

Current Location: [Room/Unit Number]

**CHIEF COMPLAINT:** [Primary Symptom, e.g., High-grade fever of unknown origin]

### **CLINICAL SUMMARY:**

[Patient Name] presented on [Date] with [Duration] of symptoms including [List Symptoms: e.g., rigors, respiratory distress, altered mental status]. The clinical course has been characterized by [Brief Description of Progression].

### **EXPOSURE HISTORY:**

Travel History: [Recent Travel/Location]

Animal/Environmental Exposure: [Details]

Sick Contacts: [Details]

### **VITAL SIGNS & CRITICAL FINDINGS:**

Temp: [Value] | HR: [Value] | BP: [Value] | SpO2: [Value]

Key Findings: [e.g., Rash, Organomegaly, Lymphadenopathy]

### **DIAGNOSTIC DATA:**

WBC: [Value] | Platelets: [Value] | Imaging: [Relevant Findings]

Pending Tests: [List any Cultures, PCR, or Serology]

### **CURRENT MANAGEMENT:**

Empiric Therapy: [List Antibiotics/Antivirals started]

Isolation Precautions: [e.g., Airborne/Droplet/Contact]

### **REASON FOR CONSULTATION:**

Assistance is requested for diagnostic identification of an unknown pathogen and optimization of antimicrobial therapy due to [Reason: e.g., clinical deterioration, atypical presentation].

Please contact me at [Phone Number/Pager] for immediate discussion.

Sincerely,

[Signature]  
[Printed Name]  
[Title/Facility]