

Date: [Insert Date]

To: [Consultant Name/Department]

From: [Referring Physician Name]

Facility: [Facility Name]

RE: Patient Consultation for Acute Febrile Illness (AFI)

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Reason for Consultation:

Evaluation and management of acute febrile illness of unknown origin.

Clinical Presentation:

The patient presented on [Date] with a fever of [Temperature] degrees. Symptoms include [List symptoms, e.g., headache, myalgia, rash, GI distress]. Symptoms have persisted for [Number] days.

Relevant History:

- **Travel:** [Recent travel history or "None"]
- **Exposures:** [Animal, insect, or sick contact exposures]
- **Medical History:** [Brief relevant PMH]

Initial Diagnostic Findings:

- **CBC:** [Results]
- **Imaging:** [Results]
- **Preliminary Micro:** [Results for Malaria, Dengue, Flu, etc., if tested]

Current Status:

The patient is currently [stable/hemodynamically unstable]. Empiric therapy started: [List medications or "None"].

Request:

Please evaluate for potential infectious etiology and provide recommendations for specialized pathogen testing and management.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]