

Date: [Insert Date]

To: [Infectious Disease Specialist/Public Health Department Name]

From: [Referring Clinician Name]

Facility: [Clinical Institution Name]

Subject: Urgent Consultation for Suspected Zoonotic Infection (Pathogen Unknown)

Patient Information:

Name: [Patient Name]

DOB: [Date of Birth]

Occupation: [Occupation, if relevant to exposure]

Reason for Consultation:

Evaluation and management of a suspected zoonotic infection of unknown etiology. The patient presents with clinical symptoms following confirmed or suspected contact with animals/wildlife.

Exposure History:

[Describe animal contact, e.g., bite, scratch, handling, or environmental exposure]

Location of Exposure: [Geography/Setting]

Date of Exposure: [Date]

Clinical Presentation:

Onset Date: [Date]

Current Symptoms: [e.g., Fever, rash, lymphadenopathy, respiratory distress]

Physical Findings: [Key clinical observations]

Diagnostic Workup to Date:

Laboratory Results: [Summary of CBC, cultures, or titers]

Imaging: [Summary of X-ray/CT/MRI results]

Pending Tests: [List any tests currently in process]

Treatments Administered:

[List antibiotics, antivirals, or supportive care provided]

Requested Action:

Diagnostic guidance and specialized testing

Treatment recommendations

Transfer of care for isolation/management

Coordination with Public Health/Veterinary services

Clinician Signature:

[Name and Credentials]

[Phone Number/Pager]