

**PUBLIC HEALTH ENGLAND
MALARIA REFERENCE LABORATORY (MRL)
PATIENT REPORT/REFERRAL FORM**

For MRL use only

In Confidence— please complete as fully as possible—this form may be used to refer specimens and/or to report cases

Family name: _____

All other names: _____

Home post code: NHS number:

Address in UK: _____

Date of birth: ____ / ____ / ____

Age: _____

Gender: M / F

Country of birth: _____

Country of usual residence: _____

Ethnicity: (mark one)

- ☐ White British
- ☐ Other White background
- ☐ Black African
- ☐ Black Caribbean
- ☐ Other Black background
- ☐ Indian Sub-Continent
- ☐ South-East Asian
- ☐ Other Asian background
- ☐ Mixed Ethnicity
- ☐ Other (please specify)

Reason for travel: (mark one)

- ☐ New entrant to UK
- ☐ Visiting family in country of origin
- ☐ UK citizen living abroad
- ☐ Civilian sea/air crew
- ☐ British armed forces
- ☐ Business/Professional travel
- ☐ Foreign student studying in UK
- ☐ Holiday travel to malarious country
- ☐ Foreign visitor ill while in UK
- ☐ Children visiting parents living abroad
- ☐ Other (please specify)

**Malaria prophylaxis taken:
(mark as relevant)**

- ☐ NONE
- ☐ Mefloquine (Lariam)
- ☐ Malarone
- ☐ Doxycycline
- ☐ Chloroquine (Nivaquine/Avloclor)
- ☐ Proguanil (Paludrine)
- ☐ Unknown
- ☐ Other (please specify)

Prophylaxis taken regularly? Y / N
Continued on return for _____ weeks

Date of onset of illness: ____ / ____ / ____

Date of starting treatment: ____ / ____ / ____

Date of arrival in UK from malarious country ____ / ____ / ____

Duration of stay abroad : _____

Country(ies) where infection acquired: _____

For India, please specify areas visited

G.P. Name & Address

Tel. No.

Name and contact details of person
completing this form if not G.P.

Date:

Medic Patient Report Form

SJ Ball

Medic Patient Report Form:

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