



Biomnis

Clinical information form Diagnosis of mycobacteria

DIVISION INTERNATIONALE

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PATIENT DETAILS

First name(s):

Surname:

File reference:

TREATING CLINICIAN

Name of treating clinician:

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Tel.: |_|_|_|_|_|_|_|_|_|_|

LIFESTYLE AND ENVIRONMENT

Laboratory name: Tel.: |_|_|_|_|_|_|_|_|_|_|

LIFESTYLE AND ENVIRONMENT

Previous results:

Mycobacteria:

Respiratory:

Noteworthy surgical details:

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Smoker: YES NO

Occupation:

In contact with animals:

YES NO

Please specify:

Animal bites

In contact with water:

Fish keeper

Diving

Fishing

Other:

Country of birth :

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Trips abroad: YES NO

Destination:

Duration:

CLINICAL SYMPTOMS

Date of onset of symptoms: |_|_|_|_|_|_|_|_|_|_|

Immunosuppression: YES NO

Which :

Co-morbidity:

Undernutrition

Diabetes

DDB/BPCO

Other:

General: YES NO

Fever

Weight loss

Night sweats

Respiratory: YES NO

Coughing

Sputum

Dyspnoea

Haemoptysis

Neurological symptoms:

YES NO

Symptoms of meningitis

Symptoms of encephalitis

Other:

Cutaneous: YES NO

Nodules

Secondary infection patches

Rash

Osteoarticular symptoms:

YES NO

Please specify:

Lymph nodes: YES NO

Where:

Genital urinary symptoms:

YES NO

Please specify:



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MYCOBACTERIA - BIOMNIS LYON

Please contact the **Biomnis International Division** for further information:

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EXAMINATIONS CARRIED OUT

Sputum cyto bacteriology:

YES NO

Results:

CSF cyto bacteriology :

YES NO

Results:

Urine cyto bacteriology:

YES NO

Results:

Mycobacteria PCR:

YES NO

Results:

Identification carried out:

YES NO

Results:

Microbiological diagnosis other than mycobacteria:

YES NO

Results:

RADIOLOGICAL SIGNS

.....
.....

CURRENT ANTI-TUBERCULOSIS TREATMENTS

Which:

Duration:

Evolution: