

Patient in Infectious Disease Isolation Family/household, other contacts

Patient Address

Patient in Infectious Disease Isolation	Today's Date		
Family/household, other contacts			
Patient Name	DOB		

Phone

TO BE COMPLETED BY PERSON(S) ACCOMPANYING THE PATIENT:

Please list your name and contact information on the form below and have everyone who accompanied the patient to the hospital do the same. Also, to the best of your ability, please list names and contact information of other family members or housemates of the patient. This information will be kept confidential and will be used only by the Missoula City-County Health Department to discuss disease risks with the individuals listed. Thank you. Please return the completed form to hospital staff before you leave.

Hospital Staff: Please send completed form to MCCHD Infectious Disease Confidential FAX line at 258-3610.

Name	Address	Phone numbers (home, work, cell)	E-mail address	Relationship to Patient (family, housemate, friend, accompanied to ER)