



Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

## Non-negligible Rabies Risk Notification

Fax completed referral to Environmental Public Health (EPH) for follow up.

**Important** - Zone contact details on Side B (see reverse).

Name of Healthcare Person Completing the Form		Date <i>(dd-Mon-yyyy)</i>
Attending Clinician	Contact Number	Date of Treatment <i>(dd-Mon-yyyy)</i>
<input type="checkbox"/> Emergency/Urgent Care	<input type="checkbox"/> Community Health/Public Health	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Other _____		

### Client Information

Victim Relationship to Animal Owner

Owner  Stranger  Friend  Relative

Neighbour  Animal Handler  Other \_\_\_\_\_

Does client live on reserve?  No  Yes

Home Address	City	Province	Postal Code	Contact Number
Mailing Address <i>(if different from home Address)</i>	City	Province	Postal Code	
Parent or Guardian Name <i>(if applicable)</i>	Contact Number	Alternate Number	Email Address	

### Incident Information *(refer to Clinician Risk Algorithm on reverse)*

Date of Incident <i>(dd-Mon-yyyy)</i>	Location of Incident	Type of Animal <i>(e.g. dog, cat, ferret)</i>
Animal Type	<input type="checkbox"/> Wild	<input type="checkbox"/> Stray <input type="checkbox"/> Domestic Stray
<input type="checkbox"/> Domestic		
Site of Exposure	Description of Wound	
<input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Trunk	<input type="checkbox"/> None - Unbroken Skin <input type="checkbox"/> Deep Wound	
<input type="checkbox"/> Hand <input type="checkbox"/> Head/Neck	<input type="checkbox"/> Superficial wound - no bleeding <input type="checkbox"/> Saliva (lick or splash)	
<input type="checkbox"/> Leg <input type="checkbox"/> Mucosal Membrane	<input type="checkbox"/> Superficial wound - bleeding	

### Advise the client not to kill or destroy the animal

Patient Care Sheet Given to Client?  No  Yes

Description of Incident

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Ensure tetanus immunization assessment is completed.

### Animal Owner Information Unknown

First Name	Last Name	Contact Number	Alternate Number
Address	City	Province	Postal Code

## Rabies Risk Exposure Assessment - Clinician Rabies Risk Algorithm

### Calgary Zone

Fax: 1.844.670.3621 (*clients living within Calgary city limits*)  
 Fax: 403.943.2385 (*clients living outside Calgary city limits*)  
 Contact MOH on-call 403.264.5615 (*high-risk rabies only*)

### North Zone

Fax: 1.844.670.3621  
 Rabies exposure requires urgent phone consultation in the following situations:  
 a. Transfer out of North Zone for plastics/surgical consultation  
 b. Surgical (OR) repair of wounds under general anesthetic (GP & FMM sites)  
 Phone: 1.800.732.8981, ask for EPH on-call.

### Central Zone

Fax: 403.398.0737  
 Phone: 1.866.654.7890

### Edmonton Zone

Fax: 780-409-0609  
 Pager: 780.433.3940  
[Edm.eph.diseasecontrolteam@ahs.ca](mailto:Edm.eph.diseasecontrolteam@ahs.ca)

### South Zone

Fax: 403.592.4832  
 Phone: 1.844.388.6691

