

**Patient ID:**  
 ID-number:  
 Age (in years):  
 Gender:

**Collaborating Centre:**  
 Name:  
 Address:  
 ZIP code / City: /  
 Country:  
 Phone:  
 FAX:  
 Email:

**Reason of visit:**  Katayama syndrome according to study definition  
 Referral third party diagnosis)  
 Follow-up visit

**History:**  
 Classification of patient:  
 Immigrant  Returning traveller  Foreign visitor  Expatriate  
 Type of travelling:  
 Organised travelling  Individual travelling  
 Reason for travelling:  
 Business  Tourist  VFRs  Research / Education  
 Immigration  Mission / Volunteer  Medical reasons  Other:  
 Time of freshwater exposition if not available time of travel: / / to / /  
 Place of suspected exposition:  
 Start of symptoms: / /  
 Initial symptoms:  Fever  Exanthema/Rash  Itch  
 Cough  Abdominal Pain  Diarrhea  
 Myalgia  Fatigue  Csytitis  
 Myelitis  Meningitis  Dyspnea  
 Abnormal blood counts  Pulmonary hypertension  Other:

**Type of current presentation:**  initial presentation  follow-up  
**Date of current diagnostic work-up:** / /  
**Current diagnostic results (if available):**  
 Leucocytes (total): / $\mu$ l Lymphocytes (rel.): % Monocytes (rel.): %  
 Neutrophils (rel.): % Eosinophils (rel.): % Basophile (rel.): %  
 Microscopy  

	Positive	Negative	not done
Eggs in stool:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs in urine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs in biopsy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Species identified:	<input type="checkbox"/> S. mansoni <input type="checkbox"/> S. japonicum <input type="checkbox"/> not specified		<input type="checkbox"/> S. haematobium <input type="checkbox"/> other:

**Patient has received Praciquantel treatment:** Yes No  
   
**Date of initial Praciquantel treatment:** / /