TEXAS Health and Human Services | Texas Department of State Health Services

Asbestosis and Silicosis Case Report

(DSHS Form # F09-11626)

INSTRUCTIONS: Complete form electronically or manually and **fax** (*do not email*) to DSHS Environmental Surveillance and Toxicology Branch Fax: 512-776-7249

DIAGNOSIS

☐ **Asbestosis**
- ☐ Probable
- ☐ Confirmed

Diagnosis date: _____ *MM/DD/YYYY*

☐ **Silicosis**
- ☐ Probable
- ☐ Confirmed

Diagnosis date: _____ *MM/DD/YYYY*

Basis of Diagnosis:
- ☐Chest radiograph
- ☐Pathologic findings
- ☐Clinical diagnosis

B-reader form available? (*If yes, please attach)*
☐Yes ☐No

REPORTER INFORMATION

Date: _____
Reported by: _____
Affiliation: _____
Phone: _____
Fax Number: _____

PATIENT INFORMATION

First Name | **Middle Name** | **Last Name** | **SSN**

Street Address | **City** | **State** | **Zip** | **County**

Phone

Date of Birth: _____

Sex: ☐Male ☐Female ☐Unknown

Race: ☐ American Indian or Alaska Native ☐Asian or Pacific Islander ☐Black or African American ☐White ☐Unknown

Hispanic ethnicity: ☐Yes ☐No ☐ Unknown

Has the patient ever smoked? ☐Yes ☐No ☐Unknown

Did the patient quit smoking? ☐Yes ☐No ☐Unknown

If yes, how many packs/day? _____
For how many years? _____
When? _____

Diagnosing Physician Name | **Practice or Facility Name**

Phone | **City** | **State** | **Zip** | **County**

EMPLOYMENT HISTORY

Employer Name	Start date	End date	Job title	Occupational activities

ADDITIONAL NOTES:

Environmental Surveillance and Toxicology Branch
Fax number: 512-776-7249
Phone: 888-681-0927 or 512-776-7269