FOOD POISONING HISTORY FORM

PERSONAL

Full Name: _____

Age: _____ Occupation: _____

Home Address: _____

Telephone: Business: _____ Home: _____ Mobile: _____

Email: _____

Name of employer: _____

*Address of employer: _____

**(Especially if Food Handler, Child Care Worker or Health Care Worker)*

Last date at work: _____

CLINICAL DETAILS

Date and Time of Onset: _____

Date of Notification: _____

Symptoms:

☐ Diarrhoea ☐ Nausea ☐ Vomiting ☐ Headache

☐ Abdominal Pain ☐ Blood Stained Faeces ☐ Fever ☐ Other _____

Duration of illness: _____ hours _____ days

Sought medical advice: ☐ Yes / ☐ No Date: _____

Specify Doctor: Name: _____

Address: _____

Specimens taken for Laboratory Tests: ☐ Yes / ☐ No

Nature of specimens and results: _____

Postal address
Health Services Unit
Private Bag No 3
PO St Kilda Victoria 3182
DX 35706 Balaclava

Enquiries
St Kilda Town Hall
Cnr Carlisle St & Brighton Rd
St Kilda Victoria 3182

Phone (03) 9209 6292
Facsimile (03) 9536 2720
Email: healthservicesunit@portphillip.vic.gov.au

Office Use Only

CRM: _____

Officer: _____

Date: _____

FOOD HISTORY

History of food consumed 3 days prior to onset:

1. In the 24 hours before onset:	
Breakfast	
Lunch	
Dinner	
Drinks	
Snacks / Other	
2. In the 24 to 48 hours before onset:	
Breakfast	
Lunch	
Dinner	
Drinks	
Snacks / Other	
3. In the 48 to 72 hours before onset	
Breakfast	
Lunch	
Dinner	
Drinks	
Snacks / Other	

What food/s do you suspect caused the food poisoing?

_____

_____

_____

Where was the food/ purchased from, where it is believed food poisoning arose from?

_____

_____

_____

Do you have any of the suspected food left over? (i.e. for analysis) ☐ Yes / ☐ No
If so, please specify: _____

_____

Time and date of consumption of food alleged to have caused food poisoning:

_____

_____

_____

Did anyone else consume this food - were they sick? ☐ Yes / ☐ No
If so, please include their names, phone number and if they are a Food Handler, Child Care Worker or Health Care Worker.

Full name: _____

Telephone number: _____

Full name: _____

Telephone number: _____

Full name: _____

Telephone number: _____