

# Voluntary NAMA Poison Case Registry Report

For emergency treatment, contact your physician, the nearest poison center, or hospital emergency room first. After the episode, file a separate report for each patient, making sure to protect patient confidentiality. We desire reports about known or suspected toxic species that have been consumed without obvious adverse effect. If there is an entry where the information is not available or unknown, skip that box.

## Person filing report:

Reporter's name \_\_\_\_\_

Reporter's address: \_\_\_\_\_  
\_\_\_\_\_

Reporter's email: \_\_\_\_\_

Reporter's phone: \_\_\_\_\_

Report is about:  adult  child  dog  cat  other: \_\_\_\_\_  
 male  female age: \_\_\_\_\_

## About the incident:

Mushroom:  was eaten raw  was eaten cooked  was only handled  spores were inhaled

How much mushroom was eaten: \_\_\_\_\_

Was more than one kind of mushroom involved:  yes  no

Was the mushroom eaten:  for food  accidentally  for recreation  for research

Was mushroom eaten at more than one meal:  yes  no

Alcohol consumed within 24 hours:  yes  no

How many people ate mushrooms: \_\_\_\_\_

How many became ill: \_\_\_\_\_

Were there people in the group who did not eat mushrooms who became ill:  yes  no

How many: \_\_\_\_\_

City, state or province where mushroom was collected: \_\_\_\_\_

Date and time mushroom was eaten, handled or inhaled: \_\_\_\_\_

Date and time of first sign of illness: \_\_\_\_\_

Onset time in hours: \_\_\_\_\_

What were symptoms of poisoning (check all that apply):

- chills  flushing  fever  diarrhea  hallucinations  salivation  dizziness  
 intestinal cramps  sweating  disorientation  muscle spasms  vomiting  
 drowsiness  nausea  weakness  headache  rash

Other symptoms: \_\_\_\_\_

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Was a species known or suspected of being toxic consumed without any adverse symptoms:  yes  no

Did the person ever eat this mushroom before:  yes  no

Were the effects the same:  yes  no

If no, describe different effects:

Was treatment given:  yes  no

If yes, what treatment: \_\_\_\_\_  
\_\_\_\_\_

Results of the treatment: \_\_\_\_\_  
\_\_\_\_\_

**About the mushroom:**

Genus \_\_\_\_\_ species \_\_\_\_\_

Who identified the species: \_\_\_\_\_

Specify any identification tests and results: \_\_\_\_\_  
\_\_\_\_\_

Other comments; e.g., what species did the collector expect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail completed report to: Dr. Michael W. Beug, PO Box 116, Husum, WA 98623

If you have questions about the form, call: Dr. Beug at (509) 493-2237  
or send an email to BeugM@evergreen.edu.