

LYME DISEASE CASE REPORT

Please complete the following information for individuals who have or may have Lyme disease.

Please fax completed form to: 613-966-1813 (Confidential) or email to CDCFax1@hpeph.ca

FOR PUBLIC HEALTH USE ONLY:		
IPHS CASE ID		IPHS CLIENT ID
REPORTING SOURCE		
Health Care Provider:	Report Date (y/m/d):	Time:
Facility:	Phone #:	Fax #:
PATIENT INFORMATION		
Last Name:	First Name:	Gender:
DOB (y/m/d):	Phone #:	Cell #:
Address:	City:	Postal Code:
Name of Parent/Guardian (if minor):		
FAMILY PHYSICIAN:	Phone #:	Fax #:
RISK FACTORS (Check all that apply)		
History of tick bite: YES <input type="checkbox"/> NO <input type="checkbox"/> Date (y/m/d):		
If YES, where was the patient most likely exposed (approx. geographical location):		
Was the patient given prophylactic medication after tick bite: YES <input type="checkbox"/> NO <input type="checkbox"/> Date (y/m/d):		
If NO history of tick bite, has patient had possible exposure to ticks in the last 30 days during outdoor activities in wooded areas, either through work or recreation: YES <input type="checkbox"/> NO <input type="checkbox"/> Date (y/m/d):		
If YES, approx. geographical location:		
CASE DETAILS		
Onset Date of symptoms (y/m/d):	Date of Diagnosis (y/m/d):	
Diagnosis of early localized disease (less than 30 days from exposure): YES <input type="checkbox"/> NO <input type="checkbox"/> Check all that apply:		
<input type="checkbox"/> Erythema migrans (EM) ≥ to 5 cm in diameter	<input type="checkbox"/> Headache	<input type="checkbox"/> Fever
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Neck Stiffness	<input type="checkbox"/> Fatigue
		<input type="checkbox"/> Arthralgia
Diagnosis of early disseminated disease (weeks to months after exposure): YES <input type="checkbox"/> NO <input type="checkbox"/> Check all that apply:		
<input type="checkbox"/> Multiple EM	<input type="checkbox"/> Cranial Nerve Palsies	<input type="checkbox"/> Lymphocytic Meningitis
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Headache	<input type="checkbox"/> Fatigue
		<input type="checkbox"/> Carditis (heart block)
Diagnosis of late disease (weeks to years after exposure): YES <input type="checkbox"/> NO <input type="checkbox"/> Check all that apply:		
<input type="checkbox"/> Arrhythmias	<input type="checkbox"/> Myopericarditis	<input type="checkbox"/> Carditis (heart block)
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Encephalopathy	<input type="checkbox"/> Recurrent arthritis affecting large joints (i.e. knees)
<input type="checkbox"/> Peripheral	<input type="checkbox"/> Meningitis	
LABORATORY TESTING		
Testing is not necessary in the early localized disease phase. Diagnostic serological testing is indicated in people who have symptoms of early or late disseminated disease (ELISA followed by Western Blot)		
Was serological testing done: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date (y/m/d):	
Treatment – Has the patient been treated for Lyme Disease: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date (y/m/d):	
Medication, dosage, duration:		