



LYME DISEASE REPORTING FORM

Please complete the following information for Individuals who have or may have Lyme Disease		FOR HEALTH UNIT USE ONLY	
		IPHIS CASE ID:	IPHIS CLIENT ID:
REPORTING SOURCE			
Name:	Report Date (y/m/d):		Time:
Agency:	Phone #:	Fax #:	
CLIENT INFORMATION			
Last Name:	First Name:	Gender:	
DOB (y/m/d):	Phone #:	Cell #:	
Address:	City:	Postal Code:	
Name of Parent/Guardian (if minor):			
Occupation:			
HEALTH CARE PROVIDER:		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 (specify exact geographical location):			
Was the patient given prophylactic medication after tick bite: <input type="checkbox"/> YES <input type="checkbox"/> NO 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: <input type="checkbox"/> YES <input type="checkbox"/> NO Date (y/m/d):			
If YES , specify exact geographical location:			
CASE DETAILS			
Patient diagnosed with Lyme Disease? YES NO		Onset date of symptoms (y/m/d):	
Date of Diagnosis (y/m/d):			
Diagnosis of early localized disease (less than 30 days from exposure)			
Check all that apply:			
Arthralgia	Headache	Fever	Malaise
Myalgia	Neck Stiffness	Fatigue	Erythema migrans (EM) > to 5cm in diameter
Diagnosis of early disseminated disease (weeks to months, after exposure)			
Check all that apply			
Multiple EM	Cranial Nerve Palsies	Lymphocytic Meningitis	Conjunctivitis
Myalgia	Headache	Fatigue	Carditis (heart block)
Diagnosis of late disease (weeks to years after exposure)			
Check all that apply			
Arrhythmias	Myopericarditis	Carditis (heart block)	Peripheral Neuropathy
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Encephalopathy (i.e. Behaviour changes, sleep disturbance, headaches)		
<input type="checkbox"/> Recurrent arthritis affecting large joints (i.e. knees)			
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 <input type="checkbox"/> YES <input type="checkbox"/> NO		Date (y/m/d):	
Treatment – Has the client been treated for Lyme Disease YES NO		Date (y/m/d):	

Information collected on this form is collected under the authority of the Health Protection and Promotion Act and is used to investigate cases of Sexually Transmitted Infections, and for statistical purposes. Personal Health Information is collected, used, stored, and shared under the Personal Health Information Protection Act and the Municipal Freedom of Information and Protection Act.