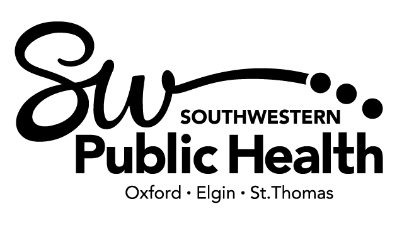
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| --- | --- | --- | --- | --- | --- | --- |
| **Fax completed form to Southwestern Public Health**  **519-631-1682** | | | | | | |
| Suspect Case | | | Confirmed Case | | | |
| New Report | | | Update | | | |
| **DATE OF REPORT:** Click enter a date. | | | | | | |
| **REPORTED BY:**  Physician  Hospital  Lab  Other: Click to enter text. | | | | | | |
| **REPORTING PERSON’S NAME & CONTACT INFORMATION:** Click to enter text. | | | | | | |
| Patient demographic INFORMATION | | | | | | |
| **Patient Name (first, last):** Click to enter text. | | | | | | |
| **Date of Birth:** Click enter a date. | | | | **Phone #:** Click to enter text. | | |
| **Address (street, city, postal code):** Click to enter text. | | | | | | |
| **Occupation:** Click to enter text. | | | | **Workplace:** Click to enter text. | | |
| **Travel History** (locations/dates): Click to enter text. | | | | | | |
| **Family Physician:** Click to enter text. | | | | **Family Physician Phone #:** Click to enter text. | | |
| **PATIENT CLINICAL DETAILS** | | | | | | |
| **Date of Patient** [**Assessment**](https://www.hqontario.ca/Portals/0/documents/evidence/qs-lyme-disease-clinical-guidance-2023-en.pdf)**:** Click enter a date. | | | | | | |
| **Symptoms & Onset Date(s):** | | | | | | |
| Erythema migrans (clinician confirmed >5 cm in diameter) | Click enter a date. | | | Myalgia | | Click enter a date. |
| Headache | Click enter a date. | | | Arthralgia | | Click enter a date. |
| Fever | Click enter a date. | | | Neck Stiffness | | Click enter a date. |
| Fatigue | Click enter a date. | | | Other: Click to enter text. | | |
| **Was the patient** [**tested**](https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Lyme-Disease-Serology) **for Lyme disease?**  Yes - Attach result.  No | **Was the test done in Ontario?**  Yes  No - Specify where the test was done: Click to enter text. | | | | | |
| **Was the patient prescribed** [**treatment**](https://www.hqontario.ca/Portals/0/documents/evidence/qs-lyme-disease-clinical-guidance-2023-en.pdf)**?**  Yes - Provide details.  No | **If yes, provide treatment details:** | | | | | |
| Drug: Click to enter text.  Dose, Unit, Route: Click to enter text.  Duration: Click to enter text. | | | | Start Date: Click to enter text.  Prescribed By: Click to enter text. | |
| **TICK BITE / EXPOSURE RISK HISTORY** | | | | | | |
| **Does the patient have a history of a tick bite?**  Yes  No  Unknown | | **Does the patient live in or have a history of travel to a** [**risk area**](https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Vector-Borne-Zoonotic-Diseases/Lyme-disease)**?**  Yes  No  Unknown | | | | |
| **If yes, date of tick bite**: Click enter a date. | | **If yes, where was the patient most likely exposed?** (City, Province, Country)  Click to enter text. | | | | |
| **If yes, how long was the tick attached?**  >24 hrs\*  <24 hrs\*\*  Unknown | |
| \*If the tick was attached for >24 hours and removed within the last 72 hours, the patient may be eligible for post-exposure prophylaxis IF the tick bite occurred in a Lyme disease risk or endemic area. For more information, visit: [www.hqontario.ca/Portals/0/documents/evidence/qs-lyme-disease-clinical-guidance-2023-en.pdf](https://www.hqontario.ca/Portals/0/documents/evidence/qs-lyme-disease-clinical-guidance-2023-en.pdf) **OR** <https://cep.health/clinical-products/early-lyme-disease/>  \*\*If the tick was attached <24 hours, advise patient to monitor for signs and symptoms for 30 days from the date of the bite. Counsel on preventing tick bites. | | | | | | |

Personal information collected on this form is collected by law under the Health Protection and Promotion Act and Personal Health Information Protection Act. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, Phone: (519) 631-9900; Fax: (519) 631-1682