

LYME DISEASE NOTIFICATION FORM

Fax completed form to Southwestern Public Health 519-631-1682

Suspect Case
 Confirmed Case
 New Report
 Update

DATE OF REPORT: _____

REPORTED BY: Physician Hospital Lab Other:

REPORTING PERSON'S NAME & CONTACT INFORMATION:

PATIENT DEMOGRAPHIC INFORMATION

Patient Name (first, last): _____

Date of Birth: _____

Phone #: _____

Address (street, city, postal code): _____

Occupation: _____

Workplace: _____

Travel History (locations/dates): _____

Family Physician: _____

Family Physician Phone #: _____

PATIENT CLINICAL DETAILS

Date of Patient Assessment: _____

Symptoms & Onset Date(s):

Erythema migrans (clinician confirmed >5 cm in diameter)

Atypical rash

Headache

Arthralgia

Fever

Neck Stiffness

Fatigue

Myalgia

Other:

Was the patient tested for Lyme disease?

Yes - Attach result.
 No

Was the test done in Ontario?

Yes
 No - Specify where the test was done: _____

Was the patient prescribed treatment?

Yes - Provide details.
 No

If yes, provide treatment details:

Drug: _____

Dose, Unit, Route: _____

Duration: _____

Start Date: _____

Prescribed By: _____

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?

Yes No Unknown

If yes, date of tick bite: _____

If yes, where was the patient most likely exposed? (City, Province, Country)

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/gs-lyme-disease-clinical-guidance-2023-en.pdf

**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.