

# LYME DISEASE NOTIFICATION FORM

**Fax completed form to Southwestern Public Health**

**St. Thomas Site: 519-631-1682**

**Woodstock Site: 519-539-6206**

- Confirmed Case    
  Suspect/Probable Case    
  New Report    
  Update

**DATE & TIME OF REPORT:** \_\_\_\_\_

**REPORTED BY:**  Physician   
 Hospital   
 Lab   
 Other: \_\_\_\_\_

**REPORTING PERSON'S NAME & CONTACT INFORMATION:** \_\_\_\_\_

### PATIENT DEMOGRAPHIC INFORMATION

Patient Name (first, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ YYYY/MM/DD

Phone #: \_\_\_\_\_

Address (street, city, postal code): \_\_\_\_\_

Recent Travel (if yes, dates & location): \_\_\_\_\_

Workplace/Occupation: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

### TICK EXPOSURE HISTORY

**Does the patient recall a tick bite?**

- Yes     No

If yes, date of tick bite (yyyy/mm/dd): \_\_\_\_\_

**If yes, how long was the tick attached?**

- <24hrs     >24hrs     Unknown

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

\_\_\_\_\_

**Was a tick submitted for lab-testing?**

- Yes     No

If yes, date (yyyy/mm/dd): \_\_\_\_\_

### PATIENT RESULTS (Attach lab results, radiologist reports etc.)

**ELISA**

IgG Results: \_\_\_\_\_

IgM Results: \_\_\_\_\_

Date: \_\_\_\_\_

**Western Blot**

IgG Results: \_\_\_\_\_

IgM Results: \_\_\_\_\_

Date: \_\_\_\_\_

**Other Tests & Results:** \_\_\_\_\_

### PATIENT CLINICAL INFORMATION

**Check all symptoms that apply:**

Erythema migrans (EM) >5cm in diameter

Headache

Fever

Fatigue

Malaise

Myalgia

Neck stiffness

Arthralgia

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

**Treatment** (antibiotic, dose, duration, prescribed date): \_\_\_\_\_