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):