



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 NO Date (y/m/d):			
If YES , where was the client most likely exposed (specify exact geographical location):			
Was the client given prophylactic medication after tick bite: YES NO Date (y/m/d):			
If NO history of tick bite, has client had possible exposure to ticks in the last 30 days during outdoor activities in wooded areas, either through work or recreation: YES NO Date (y/m/d):			
If YES , specify exact geographical location:			
CASE DETAILS			
Onset date of symptoms (y/m/d):		Date of Diagnosis (y/m/d):	
Diagnosis of early localized disease (less than 30 days from exposure): YES NO 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): YES NO check all that apply:			
Multiple EM	Cranial Nerve Palsies	Lymphocytic Meningitis	Conjunctivitis Arthralgia
Myalgia	Headache	Fatigue	Carditis (heart block)
Diagnosis of late disease (weeks to years after exposure): YES NO check all that apply:			
Arrhythmias	Myopericarditis	Carditis (heart block)	Peripheral Neuropathy Meningitis
Fatigue	Encephalopathy (i.e. Behaviour changes, sleep disturbance, headaches)		
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 YES 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.