Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

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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 patient most likely exposed (specify exact geographical location):

Was the patient given prophylactic medication after tick bite: ☐ YES ☐ NO Date (y/m/d):

If **NO** history of tick bite, has patient 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

Patient diagnosed with Lyme Disease? ☐ YES ☐ NO

Date of Diagnosis (y/m/d):

Onset date of symptoms (y/m/d):

Diagnosis of early localized disease (less than 30 days from exposure)
Check all that apply:

☐ Erythema migrans (EM) > to 5cm in diameter ☐ Arthralgia ☐ Headache ☐ Fever
☐ Myalgia ☐ Neck Stiffness ☐ Fatigue ☐ Malaise

Diagnosis of early disseminated disease (weeks to months, after exposure)
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)
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

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):
Patient provided with education about acquisition and prevention of Lyme disease infection	☐ **YES**		

Information collected on this form is collected under the authority of the Health Protection and Promotion Act and is used to investigate cases of tick-borne diseases, 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.