

LYME DISEASE- Notification Form

Please fax completed form to Infectious Disease Team at 519-663-8241

Confirmed Case Suspect/Probable Case New Report Update

DATE & TIME OF REPORT: YYYY/MM/DD

REPORTING PERSON'S NAME & CONTACT INFORMATION:

PATIENT DEMOGRAPHIC INFORMATION

Patient Name (last, first): _____ Gender: _____

Date of Birth (YYYY/MM/DD): _____ Phone #: _____

Address (street, city, postal code): _____

Recent Travel (locations/dates)
 Ontario: _____ Out of Province / Country (location / dates)

Family Physician: _____ Family 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

Was a tick submitted for lab testing? **If yes, date:** YYYY/MM/DD
 Yes No

PATIENT RESULTS (Please attach lab results, clinic/consult notes)

EIA / ELISA IgG / IgM	Western Blot			
Positive	IgG Results,	Positive	Negative	Indeterminate
Negative	IgM Results,	Positive	Negative	Indeterminate
Other Tests and Results				

PATIENT CLINICAL INFORMATION

Check all symptoms that apply:

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

- Based on clinical assessment, is LD suspected? Yes No
- Are you planning on repeating blood work at 4-6 weeks? Yes No
- Is patient aware of lab results? Yes No

Treatment (antibiotic, dose, duration, prescribed date):

Notice of Collection: The personal information collected on this form is collected under the authority of the *Health Protection and Promotion Act* and applicable privacy legislation. This information will be used for Lyme disease surveillance in Middlesex London. Any questions about the collection of this information should be directed to the Manager, Infectious Disease Control Team, Middlesex-London Health Unit, 50 King Street, London, ON N6A 5L7, (519) 663-5317 x2330