



Health Care Provider Lyme Disease Reporting Form

All cases of Lyme disease, whether clinically diagnosed or laboratory confirmed, are reportable to local public health under the Health Protection and Promotion Act. This includes individuals who have been clinically diagnosed with Lyme disease, with or without serology.

Note: please ONLY submit this form if Lyme disease is clinically suspected (with or without serological evidence).

SECTION A:

Patient Information			
Patient Name:	DOB (yyyy-mm-dd):	Sex:	HIN:
Address:	City:	Province:	Postal Code:
Telephone #:	Cell phone #:		

SECTION B:

Signs and Symptoms	Onset Date (YYYY-MM-DD)	Signs and Symptoms	Onset Date (YYYY-MM-DD)
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Bell's palsy/other cranial neuritis	
<input type="checkbox"/> Arthralgia		<input type="checkbox"/> Cognitive impairment	
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Memory loss	
<input type="checkbox"/> Myalgia		<input type="checkbox"/> Hearing impairment	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Cellulitis	
<input type="checkbox"/> Headache		<input type="checkbox"/> Lymphocytic meningitis/encephalitis/encephalomyelitis	
<input type="checkbox"/> Fever		<input type="checkbox"/> Body, generalized aches	
<input type="checkbox"/> Neck pain		<input type="checkbox"/> AV heart block	
<input type="checkbox"/> Erythema migrans (EM)* Size of EM : _____ cm Physician observed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other, specify:	

* Erythema migrans is a 5 cm or larger round or oval, expanding erythematous skin lesion that typically become apparent 3–30 days after the tick has detached. Some lesions are homogeneously erythematous, whereas others have prominent central clearing or a distinctive target-like appearance.

SECTION C:

Was serology testing done for Lyme disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was serology for Lyme disease performed in Ontario?	<input type="checkbox"/> No, specify: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Is repeat serology being conducted at 4 weeks after symptom onset?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the patient aware of these results?	<input type="checkbox"/> No <input type="checkbox"/> Yes



SECTION D:

Was the patient prescribed treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name of medication:
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SECTION E:

Was the patient bitten by a tick? (if no/unknown, skip to next section)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If yes, date (yyyy-mm-dd):
Was the tick submitted to a lab for identification?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, species ID:
Where was the tick acquired? Please provide details:		

SECTION F:

Did the patient travel outside of Halton Region?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify location:
Date of travel (yyyy-mm-dd):	

Name of clinic: _____

Name of Physician (please print): _____ Phone #: _____

Signature: _____

**Thank you for reporting to the Halton Region Health Department.
The above information will be reviewed by a case investigator and may contact you or your practice for further information.**