



LYME DISEASE SURVEILLANCE FORM

HEALTH AUTHORITY INFORMATION

Date of Report: Y [] [] [] [] M [] [] D [] []
Health Authority:
Person Reporting:
Phone: ()

PATIENT INFORMATION

Last Name:
First Name:
Sex: [] Male [] Female
PHN:
Community of Residence and Postal Code:
Date of Birth: Y [] [] [] [] M [] [] D [] []

CLINICAL HISTORY

Onset of Illness: Y [] [] [] [] M [] [] D [] [] Chief or Presenting Complaint:
ECM/Erythema Chronicum Migrans present? (Red, circular expanding lesion(s) 48hrs after tick bite, 5cms in diametre) [] Yes [] No
Cranial Neuritis (e.g. Bell's Palsy): [] Yes [] No Recurrent brief joint effusion: [] Yes [] No
Lymphocytic Meningitis: [] Yes [] No If yes, was this followed by chronic arthritis?: [] Yes [] No
Radiculoneuropathy: [] Yes [] No Treatment with antibiotics?: [] Yes [] No
Encephalomyelitis: [] Yes [] No If yes, specify: (type/dose/duration)
2nd or 3rd degree A-V Block: [] Yes [] No Lyme Disease Vaccine?: [] Yes [] No
If yes, date: Y [] [] [] [] M [] [] D [] []

TICK EXPOSURE HISTORY

Does patient recall being bitten by a tick? [] Yes [] No If yes, date: Y [] [] [] [] M [] [] D [] []
If yes, (as close as possible) closest: Park/Town/City Province/State Country
If no, was patient exposed to brushy or grassy areas where tick bite may have occurred? If yes, date: Y [] [] [] [] M [] [] D [] []
If yes, (as close as possible) closest: Park/Town/City Province/State Country

LABORATORY DATA (For BCCDC Lab Use Only)

Was Lyme Serology Drawn? [] Yes [] No Lab Result Interpretation (for below): R=Reactive; N=Non-Reactive; E=Equivocal
Serum Date Screening Confirmatory IgM Confirmatory IgG
Year Mo. Day
Serology 1
Serology 2
Serology 3
If Culture taken, date?: Y [] [] [] [] M [] [] D [] [] Result: [] Positive [] Negative
If PCR taken, date?: Y [] [] [] [] M [] [] D [] [] Result: [] Positive [] Negative