

Lyme Disease Health Care Provider Reporting Form

****Please fax completed form to 519-426-4767****

Client Information					
Client's Name:				Lab collection date:	
DOB:		HCN		<input type="checkbox"/> N/A	
Client's Address					
Please provide client's preferred contact number:					
Reason for Reporting					
Diagnosis of Lyme Disease		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of diagnosis:	
Diagnosis based on		<input type="checkbox"/> EM <input type="checkbox"/> Risk of Exposure <input type="checkbox"/> Clinical symptoms <input type="checkbox"/> Serology <input type="checkbox"/> Yes Residence or travel to endemic area			
Emergency Department Visit / Hospitalization					
<input type="checkbox"/> Yes		If yes: Visit / Admission Date:			
<input type="checkbox"/> No		Name of Hospital :		Unit:	
Signs and Symptoms					
Signs and Symptoms		Onset Date	Signs and Symptoms		Onset Date
A-V Heart Block	<input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arthralgia (Joint Pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Keratitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No		Lymphocytic meningitis/ encephalitis/ encephalomyelitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auditory symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No		Memory Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bell's palsy/other cranial neuritis	<input type="checkbox"/> Yes <input type="checkbox"/> No		Myalgia (muscle pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Body, generalized aches	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neck pain (stiff or sore)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognitive impairment or mood disturbances	<input type="checkbox"/> Yes <input type="checkbox"/> No		Palpitations/arrhythmia	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Erythema migrans (EM)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Paresthesia (tingling, numbness or burning)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No		Radiculoneuropathy	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Fever ($\geq 38^{\circ}\text{C}$)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Visual symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Treatment										
<input type="checkbox"/> Yes	If yes, Medication:									
<input type="checkbox"/> No	Start date: YYYY-MM-DD		End date: YYYY-MM-DD							
	Dosage:		Route of administration:							
<p>The recommendations for treatment of patients with early localized Lyme diseases:</p> <ul style="list-style-type: none"> Doxycycline is the preferred antibiotic treatment for both adults and children. NOTE: Doxycycline is contraindicated for pregnant or lactating people. <p>Please refer to attached "Clinical Guidance Document: Management of Tick Bites and investigation of Early Localized Lyme Disease" from Health Quality Ontario (hqontario.ca)</p>										
Risk Factors 30 Days Before Onset of Illness										
Activities in wooded or tall grass areas (specify what the activity is ex. hunting, camping, hiking. etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date: YYYY-MM-DD							
Always checks for ticks after being outdoors in wooded or tall grass areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Location:							
Always uses adequate clothing protection in wooded or tall grass areas, e.g. Long sleeves, long pants, covered shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
Always use insect repellent when in wooded or tall grass areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
Outdoor dog or cat that shares bed or living space	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
Tick bite or exposure to ticks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date: YYYY-MM-DD							
			Location:							
Traveled to Europe (specify province or country)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date: YYYY-MM-DD							
			Location:							
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
Medical Risk Factors (specify)										

Education / Counselling Provided (check all that apply)

Please note: *HNHU is not required to contact the client if health teaching, as outlined below, has been provided*

- ☐ Wear light colored clothing, closed-toed shoes, long sleeved shirts, long pants tucked into socks, special clothing designated to repel ticks
- ☐ Use an insect repellent or bug spray that says "DEET" or "icaridin" on clothes and exposed part of the body
- ☐ Check yourself, your children, and pets for ticks
- ☐ Maintain the landscaping of your property
- ☐ Free mobile application for tick submission for and image-based identification of ticks:
<https://etick.ca/>

Complications

- ☐ Carditis, all ☐ Musculoskeletal, all ☐ Neurologic, all ☐ None ☐ Other
☐ Unknown

Referral to Infectious Disease Specialist

☐ Yes

Name:

☐ No

Contact Information:

Reporting Physician: _____ Phone Number: _____

Date: _____

☐ I feel this client would benefit from further health teaching/support from Public Health