

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:

The recommendations for treatment of patients with early localized Lyme diseases:

- Doxycycline is the preferred antibiotic treatment for both adults and children.
- **NOTE: Doxycycline is contraindicated for pregnant or lactating people.**

Please refer to attached ["Clinical Guidance Document: Management of Tick Bites and investigation of Early Localized Lyme Disease"](#) from Health Quality Ontario (hqontario.ca)

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 Location:
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	
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

- | | |
|------------------------------|----------------------|
| <input type="checkbox"/> Yes | Name: |
| <input type="checkbox"/> No | Contact Information: |

Reporting Physician: _____ **Phone Number:** _____

Date: _____

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