

Lyme Borreliosis Surveillance Form

DEMOGRAPHICS	_____ (_____) _____			
	Last Name	First Name	MI	Patient's Phone Number
	Street Address		City	County Zip
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____			Hispanic: Yes No
_____ (_____) _____		_____		
Health Care Provider's Name		Health Care Provider's Phone Number		
Does the Health Care Provider consider this a case of Lyme Borreliosis? Yes No Unknown				

DERMATOLOGICAL MANIFESTATIONS	1. Did the patient have a confirmed erythema migrans (EM)?	Yes	No	Unknown
	a. Diameter of largest lesion _____	Number of lesions _____		
	b. Location of lesions _____			
	2. Did the patient have a history of tick attachment?	Yes	No	Unknown
	If yes was the initial lesion at the site of a tick attachment?	Yes	No	Unknown
	Approximate length of time of tick attachment: _____ hours	Date tick removed: _____		
	County and State of tick attachment: _____			
	3. Did the patient have a history of flea bites?	Yes	No	Unknown
	4. Was the EM accompanied by (Circle all that apply)			
	Malaise Headache Fatigue Stiff Neck Other: _____			
5. Did the patient have other skin lesions or rashes (not EM)?	Yes	No	Unknown	
If yes, was the rash: (Circle all that apply)				
Macular Papular Petechial Urticarial Other: _____				
6. Has the patient been treated with antibiotics for this illness?	Yes	No	Unknown	
If yes, type and dosage: _____				
If patient has a confirmed Erythema Migrans of at least 5 cm, STOP HERE – NO LAB TESTS REQUIRED				

LAB DATA	<table border="1"> <thead> <tr> <th>Date Collected</th> <th>Specimen Type (Serum, CSF)</th> <th>Method Used (IFA, WB, ELISA)</th> <th>Results</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date Collected	Specimen Type (Serum, CSF)	Method Used (IFA, WB, ELISA)	Results															
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	Syphilis serology: Type of test _____ Date _____	Result _____																		
Antinuclear antibody (ANA): Date _____	Result _____																			
If ANA positive, double stranded (ds) DNA result (test for Lupus): _____																				

Patient's Name: _____

Chronic Disseminated Lyme Borreliosis

CARDIAC

Has the patient experienced any of the following cardiac manifestations? Circle all that apply

- Tachycardia Palpitations Mitral valve prolapse New onset of murmur Shortness of breath Chest pain
- Exhaustion Conduction defects Other _____

NEUROLOGIC

Has the patient experienced any neurologic manifestations? (Circle all that apply)

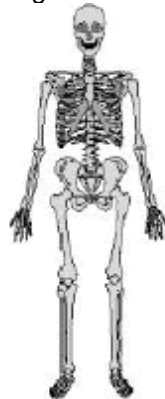
Bell's Palsy If circled, was it: Unilateral or Bilateral

- Mental confusion Changes in sensory perceptions Visual disturbances Restless leg syndrome
- Muscle twitching Tingling of extremities Numbness of extremities Stabbing pains in extremities
- Weakness Balance disorders Dizziness Problems of speech
- Photophobia Pruritis Insomnia Severe headache
- Severe myalgias Other _____

RHEUMATOLOGIC

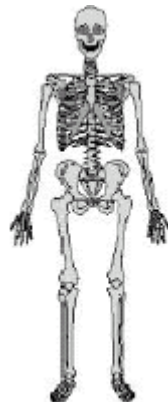
1. Did the patient have swelling in any joint? Yes No
If yes: Date of onset _____
2. Did the swelling migrate from joint to joint? Yes No
3. Did the patient have only pain (not swelling) in any joint? Yes No
If yes: Date of onset _____
4. Has the patient been diagnosed with temporomandibular joint pain (TMJ)? Yes No
If yes: Date of onset _____

Circle **swollen joints** on figure below.



COMMENTS

Circle **painful joints** on figure below.



Investigated by: _____ Date _____

Agency _____