NEW HAMPSHIRE LYME DISEASE CASE REPORT FORM HEALTH CARE PROVIDER

Patient's Name			Re	Report Date		
	(Last Name)	(First Name)		Race		
	Age		emale Unknown	 □ White □ African American □ Asian □ Hawaiian or Pacific Islander □ Native Am./Alaskan Native □ Other □ Unknown 		
City / Town	County	State	Zip			
Home PhoneWork Phone				Ethnicity		
Deceased Hospi	italized (If yes, where)	☐ Hispanic☐ Not Hispanic☐ Unknown		
	SYMPTOMS AND SI	GNS OF CURRENT EP	PISODE (Please answer each	ch question)		
Is this person being diag	nosed with Lyme Disease?	?		☐ Yes ☐ No		
If yes, date of diagnosis DERMATOLOGIC:		e of onset of first symptom				
Erythema migrans (phy RHEUMATOLOGIC:	ysician diagnosed EM at le	east 5 cm in diameter)?.		Yes No Unknown		
Arthritis characterized by recurrent brief attacks of joint swelling? NEUROLOGIC:				Yes No Unknown		
Bell's palsy or other cranial neuritis? Radiculoneuropathy? Lymphocytic meningitis? Encephalitis/Encephalomyelitis? CSF tested for antibodies to B. burgdorferi? Antibody to B. burgdorferi higher in CSF than serum Yes No Unkno Un						
CARDIOLOGIC: Acute onset 2 nd or 3 rd or	degree atrioventricular bloo	ck?		Yes No Unknown		
Name of antibiotic(s) pro	escribed	Durati	on of treatment in days	S		
Has this individual been	diagnosed with Lyme Dise	ease previously? 🗌 Ye	s Date (month/year) of	diagnosis		
		□N	o Unknown			
Other clinical:						
		EXPOSURE HIST	OPV			
In month prior to sympto	om onset, was this individu om onset, was this individu r, state) likely exposed?	al in wooded, brushy o	r grassy areas in NH? r grassy areas outside o	Yes No Unknown of NH? Yes No Unknown Unknown		
	LABORATORY R	RESULTS (Mark Positiv	e, Negative, or Not done	e/Unk)		
Serologic test results:			F0	or NH DHHS Staff Only		
			importea			
suier (speeny)				ide US		
HEALTH CARE PROVIDER REPORTING INFORMATION:				nother State		
Reported by			Case Status			
				eets CDC definitions)		
Provider Facility Probable (meets CDC definitions) Suspected (meets CDC definitions) Not A Cons						
City/Town	Sta	ateZip	☐ Out of state			
Communicable Disease St	, NH 03301. Fax: (603) 271-		Notes:			