

Lyme Disease Report Form (Clinician Report Form)



Patient Information

Name _____
LAST FIRST MIDDLE

Address _____
Street address City State Zip

Phone number (_____) _____

Date of Birth ____/____/____ Gender: M F
mm dd yy

Clinical Information (circle yes for all that apply)

Dermatologic:
Yes No Erythema migrans – at least 5 cm in diameter

If "Yes" Onset date _____

Nervous system: Any of the following, alone or in combination:
Yes No Lymphocytic meningitis
Yes No Cranial neuritis, particularly facial palsy (may be bilateral)
Yes No Radiculoneuropathy; or, rarely,
Yes No Encephalomyelitis (must be confirmed by demonstration of antibody production against *B. burgdorferi* in the CSF, evidenced by a higher titer of antibody in CSF than in serum)
• *Note: Headache, fatigue, paresthesia, or mildly stiff neck alone is not criteria for neurologic involvement.*

Cardiovascular system:
Yes No Acute onset of high-grade (2nd or 3rd degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis.
• *Note: Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement*

Musculoskeletal system:

- Yes No Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints.
- *Note: Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement.*

Past or Present Medical History (these can affect interpretation of lab results)

Y	N	Autoimmune dysfunction	Y	N	Syphilis
Y	N	Rocky Mountain Spotted Fever	Y	N	Fibromyalgia
Y	N	Mononucleosis	Y	N	HIV/AIDS
Y	N	History of eczema/atopic dermatitis	Y	N	Antiphospholipid AB

Laboratory

Either attach the laboratory report or completely fill out the following chart:

Name of laboratory performing tests: _____

IgM serology (EIA/ELISA)		Reactive	Non-reactive	Test date
Total Ig serology (EIA/ELISA)		Reactive	Non-reactive	Test date
IgM Western Blot	Positive	Negative	Equivocal	Test date
IgG Western Blot	Positive	Negative	Equivocal	Test date
PCR	Detected	Not-detected		Test date

Patient's physician and phone number:

Reporting Date:

Please Fax to Local Health Department Number

March 15, 2005