

HEALTH CARE PROVIDER REPORTING FORM – LYME DISEASE

*For suspect/probable or confirmed Lyme disease, please fax this form
by the next working day from initial patient visit to Lambton Public Health at (519) 383-7092*

Suspect / Probable Case **Confirmed Case** **Date:** _____

Ordering Health Care Provider Name: _____

Phone: _____ **Fax:** _____

Family Health Care Provider Name: _____

Patient Name: _____

Date of Birth: _____ **Age:** _____ **Phone:** _____

Address: _____

Parent/Guardian/Substitute Decision Maker Name: _____

TICK EXPOSURE HISTORY

Ontario **high risk area** (e.g, Pinery Provincial Park): _____

Other Ontario/Province/State: _____

European Country (enter **European Lyme Disease testing** on req): _____

Estimated Date of Tick Bite Exposure: _____

Duration of Tick Bite: Less than 24 hrs More than 24 hrs Unknown

Clinical Symptom Onset Date: _____ **Symptoms (Check any):**

Erythema Migrans (EM) >5cm diameter Headache Fever Fatigue

Malaise Myalgia Arthralgia Neck Stiffness Other: _____

Please attach any lab and clinic or consult notes. PHO testing information at:
<http://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Lyme-Disease-Serology>

Based on your assessment, is Lyme Disease suspected? Yes No

Suspected Phase: Early Localized Early Disseminated Late Disseminated

Will repeat serology be completed at 4-6 weeks? Yes No

Is patient aware of lab results? Yes No

Consider Lyme Disease post-exposure prophylaxis (PEP) antibiotic algorithm:
<https://www.publichealthontario.ca/-/media/Documents/L/2023/lyme-disease-assessment-prescribing-algorithm-antibiotic-prophylaxis.pdf>

PEP/Treatment (Antibiotic, Dose, Duration, Prescribed) Date Rx: _____

Was patient admitted to the hospital? If yes, admission date(s): _____