

# Lyme Disease (*Borrelia burdorferi*) Case Report

Call (or fax) MCDH CD Program to report cases

Phone: 815.334.4500 Fax: 815.334.0191 (Fax lab result with this form)



## Demographics:

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name, if applicable \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Sex  Male  
 Female

Race  White  
 Black  
 Asian/ Pacific Islander  
 Native American  
 Unknown

Ethnic origin  Hispanic  
 Non-Hispanic  
 Unknown

Physician \_\_\_\_\_ Phone \_\_\_\_\_

## General Illness/Clinical Presentation:

Date of onset: (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis Date: (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the patient seen in an emergency department?  YES  NO

ER Hospital: \_\_\_\_\_

Was the patient admitted to a hospital?  YES  NO

Hospital: \_\_\_\_\_

Admission Date : (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge Date: (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician-Observed Erythema Migrans (EM):**  YES  NO If yes, EM onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was Erythema Migrans (EM) measured?  YES  NO If yes, Largest Diameter: \_\_\_\_ cm\*

If the EM was not measured, please describe the estimated size: \_\_\_\_\_

**\*IF EM IS LARGER THAN 5 CM; REPORT TO MCDH CD PROGRAM.**

**\*If the patient had an EM please indicate measured or estimated size before faxing form back.\***

**Advanced Clinical Manifestations present (Serology testing required if present\*\*);**

### Musculoskeletal

- Recurrent brief attacks of objective joint swelling
- Arthritic

### Neurological

- Lymphocytic meningitis
- Cranial neuritis
- Facial palsy
- Radiculoneuropathy
- Encephalomyelitis

### Cardiac

- 2<sup>nd</sup> or 3<sup>rd</sup> degree AV block (can be associated with myocarditis)

Other: Please describe symptoms \_\_\_\_\_

**\*\*SEROLOGY TESTING FOR LYME MUST BE TWO TIERED: EIA + WESTERN BLOT.  
A POSITIVE EIA or WESTERN BLOT ALONE IS NOT CONFIRMATORY.**

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Illness/Clinical Presentation Continued**

Did the provider diagnose the patient with Lyme Disease  Yes  No

Arthritis accompanied by physician observed joint swelling  Yes  No

If yes, please indicate which joints were swollen: \_\_\_\_\_

Arthritis findings on x-ray  Yes  No  Not performed

Laboratory testing for Mononucleosis  Positive  Negative  Not performed

Laboratory testing for Rheumatoid Factor  Positive  Negative  Not performed

Laboratory testing for Syphilis  Positive  Negative  Not performed

Laboratory testing for Systemic Lupus Erythematosus  Positive  Negative  Not performed

Diagnosed with Multiple Sclerosis  Yes  No

**Laboratory Reports (Complete information below or fax copy of complete lab results with this report):**

Laboratory Used \_\_\_\_\_ Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tier I**

EIA  Positive  Equivocal  Negative

Quantitative Result: \_\_\_\_\_

**Tier II**

**Western Blot (Check all bands that are reactive)**

<b>IgM</b>	<input type="radio"/>	24 kDa	<b>IgG</b>	<input type="radio"/>	18 kDa
	<input type="radio"/>	39 kDa		<input type="radio"/>	21 kDa
	<input type="radio"/>	41 kDa		<input type="radio"/>	28 kDa
				<input type="radio"/>	30 kDa
				<input type="radio"/>	39 kDa
				<input type="radio"/>	41 kDa
				<input type="radio"/>	45 kDa
				<input type="radio"/>	58 kDa
				<input type="radio"/>	66 kDa
				<input type="radio"/>	93 kDa

**Risk Factors:**

Tick Habitat Exposure (e.g. tall grass, pasture, woods, brush)  Yes  No

When did patient enter tick habitat? (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

When did patient leave tick habitat? (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Which state was the patient in a tick habitat? \_\_\_\_\_

Address or name of ticket habitat location? \_\_\_\_\_

Known Tick Bite  Yes  No Date of bite(mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Where was the tick bite obtained? \_\_\_\_\_

**Please fax positive lab result with this form. Thank you.**