

Lyme Disease Field Form

Demographics			
Name of Patient:			
Date of Birth:			
Sex:	Male	Female	Unknown
Deceased:	Yes	No	Unknown
Deceased Date:			
Parent/Guardian Name:			
Home Phone:			
Work Phone:			
Cell Phone:			
Address Line 1:			
Address Line 2:			
City/State/Zip:			
County (Required):			
Country:			

General Illness			
Physician Name:			
Physician Address:			
Physician City/State/Zip:			
Was patient seen in ER?	Yes	No	Unknown
ER Hospital Name & Address:			
Admitted to hospital?	Yes	No	Unknown
Same as ER hospital?	Yes	No	Unknown
If not same, name hosp.:			
Admission date:			
Discharge date:			
Disease Onset date:			
Diagnosis date:			
Date patient sought initial medical evaluation:			
Location where first seen:			

Is the patient pregnant? (Required of females with the age of onset between 8 & 60)	Yes	No	Unknown
Estimated due date:			
Calculated based on:			
If the patient died, was death due to the disease or condition under investigation?	Yes	No	Unknown

Clinical *Acute Clinical Manifestation	The size of the EM is critical for determining whether the case meets the case definition.		
Physician-Observed Erythema Migrans (EM):	Yes	No	Unknown
Was Erythema Migrans (EM) measured?	Yes	No	Unknown
Largest Diameter:	cm/in		
If the EM is estimated, please describe the size:			
Rash Onset Date:			

Clinical *LATE Clinical Manifestation	Late Manifestations Below Require a Physician Diagnosis (and must be in absence of alternative clinical explanation)		
Musculoskeletal System			
Physician-Observed Joint Swelling:	Yes	No	Unknown
Arthritis Findings on X-ray:	Yes	No	Unknown
Joint(s) Affected with Swelling:	Ankle Left	Hip Left	Knee Left
	Ankle Right	Hip Right	Knee Right
Other Joint Affected:			
Nervous System			
Cranial Neuritis, particularly facial palsy: (may be bilateral)	Yes	No	Unknown
Radiculoneuropathy:	Yes	No	Unknown
Lymphocytic Meningitis:	Yes	No	Unknown
Encephalomyelitis:	Yes	No	Unknown
Bells Palsy	Yes	No	Unknown

Cardiovascular System				
Acute Onset of 2nd or 3rd Degree Heart Conduction Deficit Demonstrated by EKG:	Yes	No	Unknown	
Myocarditis:	Yes	No	Unknown	
Other Mode of Diagnosis:				
Other Clinical Signs of Lyme Disease:				
Was there a physician diagnosis of Lyme disease?	Yes	No	Unknown	
Laboratory Testing for Mononucleosis:	Negative	Not Tested	Positive	Unknown
Laboratory Testing for Rheumatoid Factor:	Negative	Not Tested	Positive	Unknown
Laboratory Testing for Syphilis:	Negative	Not Tested	Positive	Unknown
Laboratory Testing for Systemic Lupus Erythematosus:	Negative	Not Tested	Positive	Unknown
Diagnosed with Multiple Sclerosis:	Yes	No	Unknown	

Epidemiologic Data			
Patient occupation:	Animal Care & Service Worker	Health Care Worker	Residential Facility Worker
	Animal Control	Hospitality Industry Worker	Retail (Non-Food) Worker
	Boat Crew	Janitorial Worker	Sensitive Occupation Volunteer
	Child Care Worker	Laboratorian	Teacher
	Construction Worker	Landscaping Worker	Tourism Worker
	Correctional Worker	Livestock Worker	Transportation Worker (Other)
	Day Care Worker	Medical Waste Disposal	U.S. Military
	Dentist or Dental Assistant	Office Worker	Veterinary Field
	Factory Worker	Personal Care and Service Worker	Wildlife worker

	Farmer/Rancher	Plumber	Non-sensitive occupation
	First Responder	Postal Worker	None
	Flight Crew	Protective Services Worker	Other:
	Food Service Worker	Religious Worker	
Were referrals made as appropriate for services and/or treatment?	Yes		No
Was educational information provided on disease containment?	Yes		No
Type of Work:	Biologist	Campground staff	Conservation worker
	Farmer	Forest/nature preserve staff	Landscaper
	National forest employee	Scout camp worker	State park employee
	Other:		
Place of Work:			
Type of activity related to tick exposure: (e.g., bird watching, fishing, gardening, hiking etc.)			

Tick Habitat						
Lyme Disease: Use 32 days prior to Onset Date as the exposure period.						
Lyme Disease without Rash: Use 1 year prior to Onset Date as the exposure period.						
Was patient in a potential or known tick habitat? (e.g., tall grass, pasture, woods, brush/scrubby vegetation)	Yes		No		Unknown	
When did the patient enter the tick habitat?						
When did the patient leave the tick habitat?						
Where was the tick habitat located?	Campground		City park		Farm	
	Forest/nature preserve		Own property		Scout camp	

	State park	Out-of-State	Other:
Name and Address of Specific Location(s):			
Comments:			

Tick Bite			
Lyme Disease: Use 32 days prior to Onset Date as the exposure period.			
Lyme Disease without Rash: Use 1 year prior to Onset Date as the exposure period.			
Was there a recognized tick bite?	Yes	No	Unknown
When was there a tick bite?			
Where was the tick bite obtained?	Campground	City park	Farm
	Forest/nature preserve	Own property	Scout camp
	State park	Out-of-State	Other:
Name and Address of Specific Location(s):			
Comments:			

Treatment Information			
Was the patient prescribed antibiotics?	Yes	No	Unknown
Antibiotic given:	Amoxicillin		
	Azithromycin		
	Cefuroxime Axetil		
	Doxycycline		
	If Other, please specify:		
Total days of antibiotics prescribed:			