Manitoba

Manitoba Health
Lyme Disease Clinical Report Form

Patient's name: _____
(Last Name) (First Name)

PHIN : □□□ □□□ □□□

Date of Birth: _____ (yyyy/mm/dd) Age: _____

Male □ Female □

Address: _____

Phone: home: _____ work:_____

Postal Code: _____

Physician:_____
Phone number: _____
Address: _____
_____
_____

Early Clinical Cases

Onset of symptoms :_____(yyyy/mm/dd) Date of assessment:_____(yyyy/mm/dd)

History of Erythema Migrans? (expanding lesion(s) 2-30 days after tick bite, 5cms in diameter) Yes □ No □

Did you (physician) observe Erythema Migrans? Yes □ No □

Other symptoms (fever, headache, etc) list:_____:

Antibiotic treatment: Yes □ No □, If yes, specify:_____

Tick Exposure History

Did patient/physician remove an attached tick within 30 days of symptom onset? Yes □ No □

(Ticks can be sent for testing c/o T. Galloway, Dept. of Entomology, University of Manitoba, Winnipeg, MB R3T 2N2. Please send in a sealed container with a moist cotton ball).

Travel history **30 days** prior to onset of symptoms: (include specific location and dates of travel both within and outside Manitoba):

_____

_____

_____

_____

Laboratory Investigation

Specimen type: Serology □ CSF □ Tissue □ Other □: _____

Test ordered: _____

Date specimen taken: _____(yyyy/mm/dd)

Please inform patients that a Public Health Nurse may contact them.

Further information and provincial Lyme disease protocol can be accessed on the Manitoba government website: http://www.gov.mb.ca/health/lyme/

Completed forms should be faxed to (204)948-2190 (secure fax line)