

Manitoba Health Tick-Borne Disease Clinical Case Report Form

(for use with Anaplasmosis, Babesiosis and Lyme disease infections)

Patient Demographics			
Last name:	First name:	Middle name:	
Address of residence: _____			
City: _____	Postal code: _____	Phone: () _____	Work: () _____
Date of Birth (yyyy/mm/dd): _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	PHIN number (9 digit): _____
Clinical Information			
Differential Dx: <input type="checkbox"/> Lyme Disease <input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Babesiosis		Other symptoms: _____	
Approximate Symptom Onset (yyyy/mm/dd): _____		_____	
Date of Assessment (yyyy/mm/dd): _____		Did patient receive a blood transfusion within the previous 6 months prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
History of Erythema Migrans <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did patient donate blood or blood products within the previous 6 months prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you (physician) observe Erythema Migrans <input type="checkbox"/> Yes <input type="checkbox"/> No		Antibiotic treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Symptoms (check all that apply):		If Yes, specify type and dosage: _____	
<input type="checkbox"/> Fever	<input type="checkbox"/> Headache	<input type="checkbox"/> Arthralgia	
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Malaise	
<input type="checkbox"/> Sweats/ Chills	<input type="checkbox"/> Stiff Neck	<input type="checkbox"/> Cough	
<input type="checkbox"/> Recurrent brief joint swelling	<input type="checkbox"/> Nausea	<input type="checkbox"/> Generalized Weakness	
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Cardiac symptoms	<input type="checkbox"/> Bell's Palsy	
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Anemia	<input type="checkbox"/> Thrombocytopenia	
<input type="checkbox"/> LFT Elevation			
Tick exposure and Travel History			
Tick Exposure & activity associated to tick exposure(s) (check all that apply): <input type="checkbox"/> Patient or physician removed attached tick within 30 days of symptom onset <input type="checkbox"/> Contact with tall grass or wooded area (i.e. walking, hiking) <input type="checkbox"/> Camping <input type="checkbox"/> Visit to known Lyme disease risk area <input type="checkbox"/> Outdoor recreation (i.e. hunting, gardening, golfing, etc) <input type="checkbox"/> Other, specify: _____		Travel History Within 30 days of symptom onset, did the patient travel within or outside Manitoba? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify (park/town/city, province/ country): Name/ Location: _____ (yyyy/mm/dd): ____/____/____ to ____/____/____ Name/ Location: _____ (yyyy/mm/dd): ____/____/____ to ____/____/____ Name/ Location: _____ (yyyy/mm/dd): ____/____/____ to ____/____/____ Name/ Location: _____ (yyyy/mm/dd): ____/____/____ to ____/____/____	
Reporter Information: <input type="checkbox"/> Physician Office <input type="checkbox"/> Public Health <input type="checkbox"/> Other, specify: _____			
Name:	Phone: () _____ - (ext#:) _____	Fax: () _____ - _____	
Address: _____			
City:	Prov/ Terr:	Postal code:	Date reported YYYY / MM / DD
Signature: _____ <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Other, specify: _____			

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

Further information and provincial Tick-borne disease protocols can be accessed on the Manitoba government website:

www.gov.mb.ca/health/publichealth/cdc/tickborne/index.html

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