

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: Male Female Other PHIN number (9 digit): _____

Clinical Information

Differential Dx: Lyme Disease Anaplasmosis Babesiosis

Approximate Symptom Onset (yyyy/mm/dd): _____

Date of Assessment (yyyy/mm/dd): _____

History of Erythema Migrans Yes No Unknown

Did you (physician) observe Erythema Migrans Yes No

Symptoms (check all that apply):

| | | |
|--------------------------------|------------------|----------------------|
| Fever | Headache | Arthralgia |
| Myalgia | Fatigue | Malaise |
| Sweats/ Chills | Stiff Neck | Cough |
| Recurrent brief joint swelling | Nausea | Generalized Weakness |
| Lymphadenopathy | Cardiac symptoms | Bell's Palsy |
| Anorexia | Anemia | Thrombocytopenia |
| LFT Elevation | | |

Other symptoms: _____

Did patient receive a blood transfusion within the previous 6 months prior to symptom onset? Yes No

Did patient donate blood or blood products within the previous 6 months prior to symptom onset? Yes No

Antibiotic treatment: Yes No

If Yes, specify type and dosage: _____

Laboratory Investigation:

Specimen type: Serology CSF Tissue Other: _____

Test ordered: _____

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

Tick exposure and Travel History

Tick Exposure & activity associated to tick exposure(s) (check all that apply):

Patient or physician removed attached tick within 30 days of symptom onset

Contact with tall grass or wooded area (i.e. walking, hiking)

Camping

Visit to known Lyme disease risk area

Outdoor recreation (i.e. hunting, gardening, golfing, etc)

Other, specify: _____

Travel History
Within 30 days of symptom onset, did the patient travel within or outside Manitoba? Yes 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: Physician Office Public Health Other, specify: _____

Name: _____ Phone: (____) _____ - (ext#: _____) Fax: (____) _____

Address: _____

City: _____ Prov/ Terr: _____ Postal code: _____ Date reported YYYY / MM / DD

Signature: _____ MD RN 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.