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Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Office of Integrated Surveillance and Informatics Services

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Received in Surveillance:

Grid for receiving date in surveillance

Lyme Disease

Confidential Case Report

Patient: Last,First / ID: Grid

Address: City St Zip

DEMOGRAPHIC INFORMATION

Date of Birth: Grid Sex: Male Female Transgender Unk Country of Birth: U.S. Other Unique addr. condition: Homeless Incarcerated

Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Unk Hispanic: Yes No Unk Phone Number: Grid

CLINICAL INFORMATION

Diagnosis Date: Grid Did Case Have Any Symptoms? Yes No Unk Symptom Onset Date: Grid

Recurrent Disease? Yes No Unk

- Dermatologic: Erythema migrans >= 5 cm, Other rash
Musculo-skeletal: Arthritis characterized by swelling and/or inflammation, Muscle aches/pains, Joint aches/pains, Neck pain (stiff or sore)
Neurologic: Bell's palsy or other cranial neuritis, Radiculoneuropathy, Lymphocytic meningitis/encephalitis/encephalomyelitis, Headache, Cognitive impairment or mood disturbances, Visual symptoms, Auditory symptoms, Paresthesias (tingling, numbness or burning)
Cardiac: A-V Block, Palpitations, Arrhythmia
Other symptoms: Chills, Fever, Fatigue, Sweats, Other (specify)
Co-infection: Was the case tested for other tickborne diseases? Babesiosis Ehrlichiosis Tularemia Rocky Mountain Spotted Fever Anaplasmosis (formerly HGE)

EXPOSURE, CONTROL AND PREVENTION INFORMATION

History of tick bite? Yes No Unk If yes: Date: Grid City St Country
Travel (either in or out of state) prior to onset? Yes No Unk If yes: From: Grid To: Grid City St Country

Date Form Completed: Grid (mm/dd/yyyy)

Make solid marks that fit in the response boxes. Please use black or blue ink.

Right way -> [A][B] Wrong way -> [A][B]



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