

LYME DISEASE REPORT

FAX to: Public Health Nursing
(908) 806-5503

I. PATIENT INFORMATION

Name: _____
 Address: _____
 County: _____
 Municipality of Residence: _____
 Telephone Number: () _____
 Date of Birth (mm/dd/yyyy): _____

Sex (Check one):
 Male Female
 Ethnicity (Check one):
 Hispanic
 Non-Hispanic
 Age: _____

II. TREATING PHYSICIAN

Name: _____
 Address: _____
 Telephone Number: () _____

III. ILLNESS

Check all that apply: **Date of Onset** (mm/dd/yyyy): _____

A. Rash

Erythema migrans (Size: >5 cm)

C. Neurologic Symptoms

- Cranial neuritis
- Lymphocytic meningitis
- Radiculoneuropathy
- Encephalitis
- Bell's palsy

B. Musculoskeletal Symptoms

Arthritis characterized by brief (weeks or months) attacks of objective joint swelling

D. Cardiac

- Acute onset of high grade (2nd or 3rd degree) atrioventricular conduction defects
- Myocarditis

IV. ADDITIONAL COMMENTS / SIGNS & SYMPTOMS

V. TREATMENT

- Doxycycline; 100mg po BID, 14-21 days
- Amoxicillin; 25-50mg/kg, qd, 14-21 days
- Other: _____

FOR PHN&E USE ONLY

VI. LAB DATA

Attached Entered into CDRS (Case ID # _____) No lab data obtained

VII. PERSON ENTERING DATA

1.	<input style="width: 90%;" type="text"/>	Date: ____/____/____	Nurse: _____ / Case Status: _____
2.	<input style="width: 90%;" type="text"/>	Date: ____/____/____	Nurse: _____ / Case Status: _____
3.	<input style="width: 90%;" type="text"/>	Date: ____/____/____	Nurse: _____ / Case Status: _____

Please Note: The surveillance definition of Lyme disease as specified by the Centers for Disease Control is : 1) Erythema migrans, or 2) at least one late manifestation of Lyme disease and laboratory confirmation of infection. Late manifestations of Lyme disease include those musculoskeletal, neurologic or cardiac symptoms as listed under Section III, above.