<Form A: – Tool to assess clinical characteristics of Lyme Disease (targeted to healthcare provider, via fax>

Date:

To:

Dear Healthcare Provider-

The < > County Health Department has been notified of a positive laboratory report of Lyme disease for patient

_____ (DOB: ____/____/_____)

In order to comply with state and federal infectious disease reporting requirements, we are requesting the following clinical details in relation to this patient's Lyme disease symptoms, if present. Please respond to all of the following questions and return this completed sheet via fax to **(304) xxx—xxxx** within 72 hours of receipt. Thank you for your cooperation.

A. **Date of first symptom onset (***month/day/year***): ____ / ____ / _____**

B. **Was an erythema migrans measuring at least 5 cm in diameter documented for this patient?**

[ ] YES [ ] NO

C. **Did patient exhibit any of the following symptoms of late-stage Lyme disease?**

I. **Rheumatologic/musculoskeletal** (*mark one*):

[ ] Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints

[ ] History of above, with current chronic arthritis in one or a few joints

[ ] No rheumatologic/musculoskeletal symptoms associated with Lyme disease were observed

II. **Neurologic** (*mark all that apply*):

[ ] Lymphocytic meningitis [ ] Cranial neuritis (particularly facial palsy)

[ ] Radiculoneuropathy [ ] Encephalomyelitis

[ ] No neurologic symptoms associated with Lyme disease were observed

III. **Cardiovascular** (*mark one*):

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

[ ] No cardiac symptoms associated with Lyme disease were observed

D. **Was this patient diagnosed with Lyme disease?**

[ ] YES [ ] NO

E. **Was an antibiotic prescribed for this episode?**

[ ] YES [ ] NO

(for YES, indicate type of antibiotic and # days prescribed:_____)

Comments: