

**Form A: – Lyme disease Assessment Tool  
For Healthcare Providers**



Dear Healthcare Provider:

The \_\_\_\_\_ County Health Department has been notified of a positive Lyme disease laboratory report for patient \_\_\_\_\_ (DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_). In order to comply with state and federal infectious disease reporting requirements, we are requesting the following information about this patient. Please return this completed sheet via fax to **Miguella Mark-Carew**, Zoonotic Disease Epidemiologist, at **(304)-558-8736** within 72 hours of receipt.

**A. Date of first symptom onset (month/day/year):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. Did this patient have an erythema migrans measuring at least 5 cm in diameter?**  YES  NO

**C. Did patient exhibit any of the following symptoms of late-stage Lyme disease?**  YES  NO

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

- Migratory pain in joints, bone, or muscle  Brief arthritis attacks  Prolonged arthritis  
 Chronic arthritis  Other: \_\_\_\_\_  
 No rheumatologic/musculoskeletal symptoms associated with LD were observed

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

- Meningitis  Bell's palsy  Cranial neuritis  Radiculoneuritis  
 Encephalopathy  Polyneuropathy  Leukoencephalitis  Other: \_\_\_\_\_  
 No neurologic symptoms associated with LD were observed

***Cardiovascular (mark one):***

- Myopericarditis  Pancarditis  Atrioventricular block  
 Other: \_\_\_\_\_  No cardiac symptoms associated with LD were observed

**D. Did you diagnose this patient as having Lyme disease?**  YES  NO

**E. Please indicate what testing was ordered for this patient and any known results.**

Test Ordered	Date	Result
Lyme disease serology (IFA/EIA)	/ /	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal/Reactive <input type="checkbox"/> Pending
<i>Borrelia burgdorferi</i> IgG WB	/ /	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
<i>Borrelia burgdorferi</i> IgM WB	/ /	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
Other:	/ /	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending

**F. Why Lyme disease testing ordered for this patient. Mark all that apply.**

- Patient had clinical evidence of infection  Patient requested Lyme testing  
 Patient had exposure to tick habitats  Other: \_\_\_\_\_

**G. Did you prescribe antibiotics for this patient?**  YES  NO

If yes, indicate type of antibiotic and # of days: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Thank you for filling out this form. This information is important to Lyme disease surveillance in West Virginia.*

**Division of Infectious Disease Epidemiology**

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