

Tel: 905-688-8248 ext. 7330 Fax: 905-682-6470

Lyme Disease Reporting Form

Lyme disease is reportable to Public Health as per O. Reg 135/18 under HPPA. Please complete and return this form by fax to Niagara Region Public Health (NRPH) at **905-682-6470**. Data collected helps NRPH and the province to monitor disease, to identify risk factors, and to provide preventative education.

Health Care Provider Infor	mation					
Physician:	City:			Phone:		
Patient Information (Fill our	t section if deta	ils are not ind	cluded on	patient la	abel)	
First Name:	Last Name:		Gender:	Male	Female	Other
Address:	City:			Postal Cod	e:	
Phone:	DOB (y	yyy/mm/dd):			-	
Signs and Symptoms						
Date of Symptom Onset:		Fatigue				
Erythema migrans** size in cm:		Chills				
Rash other than erythema migrans		Fever				
Muscle/joint pain		Headache				
Heart block		Swollen lym	nph nodes			
Central nervous system symptoms		General we	akness			
Peripheral nervous system symptoms		Other				
** Patients with a single erythema migrans s centimetres in diameter consistent in appears as Niagara is considered confirmation of e	earance to erythema markerly localized Lyme o	igrans in individuals lisease and should	exposed to bl	acklegged tick ithout laborato	s in risk area	as such
Underlying Medical Condition)					
Testing						
Serology ordered? Yes No D		Date test order	ed (yyyy/mr	n/dd):		
Repeat serology ordered? Yes	No No	Date test order	ed (yyyy/mr	n/dd):		
Diagnosis						
Are you diagnosing Lyme disease	e? Yes No					
If yes, has the patient been notific	ed of the diagnos	i s? Yes N	0			
•	Yes No		Date prescr	ribed:		
Name of drug:	Dose:		•		n:	
If you have any questions, please coinformation please visit: niagararegic						nal