

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 Information

Physician: _____ City: _____ Phone: _____

Patient Information (Fill out section if details are not included on patient label)

First Name: _____ Last Name: _____ Gender: Male Female Other
Address: _____ City: _____ Postal Code: _____
Phone: _____ DOB (yyyy/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 lymph nodes
Central nervous system symptoms	General weakness
Peripheral nervous system symptoms	Other _____

** Most patients with a single erythema migrans skin lesion are seronegative at the time of initial presentation. A lesion **greater than 5 cm in diameter** and consistent in appearance to erythema migrans in individuals exposed to blacklegged ticks in risk areas such as Niagara region is considered **confirmation of early localized Lyme disease and should be treated** without laboratory testing.

Underlying Medical Conditions: _____

Testing

Serology ordered? Yes No Date test ordered (yyyy/mm/dd): _____
Repeat serology ordered? Yes No Date test ordered (yyyy/mm/dd): _____

Diagnosis

Are you diagnosing Lyme disease? Yes No
If yes, has the patient been notified of the diagnosis? Yes No
Did you provide a medical prescription? Yes No Date prescribed: _____
Name of drug: _____ Dose: _____ mg Duration: _____ days

If you have any questions, please contact us at 905-688-8248 or 1-888-505-6074 ext. 7330. For additional information please visit: niagararegion.ca/health/professionals/report-diseases/lyme-disease.aspx