



**Putnam County Department of Health
Lyme Disease Investigation Form**



Patient Information *Please provide any missing patient demographic information:*

Last Name:	First Name:	DOB:	Telephone #:
Address:		City/Town/Village:	Zip:
Physician Name:		Physician Phone#:	Fax:

Please circle

Gender:

- Male
- Female
- Unknown

Pregnant:

- Yes
- No
- Unknown

Hospitalized:

- Yes
- No
- ER/Outpatient

Race:

- White
- Black
- American Indian/Alaskan
- Asian
- Native Hawaiian/Other Pacific Isl.
- Other
- Unknown

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino
- Unknown

Occupation:

- Food Service
- Daycare
- Healthcare
- Student/School
- Inmate
- Other occ
- Correction Work
- Unknown

Name of Hospital/Chart#: _____ **Admission Date:** _____

Clinical Information *Please circle the correct responses next to patient's symptoms:*

Date of first symptom: _____

Has a physician diagnosed this patient with Lyme disease?	Yes	No
Has the patient been tested for other tick-borne infections?	Yes	No
Erythema migrans >5cm (Physician diagnosed)	Yes	No
Arthritis with observed joint swelling	Yes	No
Arthritis without observed joint swelling	Yes	No
Cranial neuritis including Bell's Palsy	Yes	No
Lymphocytic meningitis	Yes	No
Radiculoneuropathy	Yes	No
Lyme Encephalomyelitis	Yes	No
Acute Secondary or Tertiary A-V conduction defect	Yes	No
Other : _____		

Please circle the patient's symptoms:

Fever

Myalgia

Headache

Chills

Malaise/Fatigue

Laboratory Results:

Specimen Collection Date:	Specimen Source:	Test Type:	Test Result:

Treatment:

Date initiated: _____ **Medication:** _____ **Duration prescribed:** _____

Additional comment or other symptoms:

Individual completing form: _____ **Title:** _____ **Date:** _____

(Please print name)