

LYME DISEASE INVESTIGATION FORM

BASIC DEMOGRAPHIC DATA

Last Name: _____ First Name: _____ Middle Name: _____
DOB: / / _____ Age: _____ years months Current Sex: Female Male Unknown
Is the patient deceased? No Unknown Yes Date of Death: ____/____/_____
Street Address 1: _____ Street Address 2: _____
City: _____ State: _____ Zip Code: _____ County: _____
Home Phone: (____) - _____ Cell Phone: (____) - _____ Work Phone: (____) - _____ Ext. _____
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown
Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown

INVESTIGATION SUMMARY

Investigation Start Date: / / _____ Investigation Status: Open Closed Investigator: _____

REPORTING SOURCE

Date of Report: ____/____/____ Reporting Source: _____

CLINICAL

Physician's Name: _____ Phone Number: (____) - _____ Ext. _____
Was patient hospitalized for this illness? No Unknown Yes If yes: Hospital Name: _____
Admission Date: / / _____ Discharge Date: / / _____ Duration of Stay _____ day(s)
Diagnosis Date: / / _____ Illness Onset Date: / / _____ Illness End Date: / / ____ - ____
Age at Onset: _____ days hours minutes months unknown weeks years
Did the patient die from this illness? No Unknown Yes Date of Death: / / _____
Is the patient pregnant? No Unknown Yes
Does the patient have pelvic inflammatory disease? No Unknown Yes
Did the patient die from this illness? No Unknown Yes

EPIDEMIOLOGIC

Where was the disease acquired? Indigenous within jurisdiction Out of Country Out of jurisdiction, from another jurisdiction
 Out of State Unknown
If the answer is out of country, jurisdiction, or state, where was the disease acquired?
Country: _____ State: _____ City: _____ County: _____
Case Status: Confirmed Not a Case Probable Suspect Unknown MMWR Week: _____ MMWR Year: _____
Is this patient associated with a daycare facility? No Unknown Yes
Is this patient a food handler? No Unknown Yes
Is this case part of an outbreak? No Unknown Yes

ADMINISTRATIVE

General Comments: _____

SYMPTOMS AND SIGNS OF CURRENT EPISODE

Dermatologic
 Erythema migrans (physician diagnosed EM at least 5 cm in diameter)? No Unknown Yes

Rheumatologic
 Arthritis characterized by brief attacks of joint swelling? No Unknown Yes

Neurologic
 Bell's palsy or other cranial neuritis? No Unknown Yes Radiculoneuropathy? No Unknown Yes
 Lymphocytic meningitis? No Unknown Yes Encephalitis/Encephalomyelitis? No Unknown Yes
 CSF tested for *B. burgdorferi* antibodies? No Unknown Yes CSF antibody greater than serum antibody? No Unknown Yes

Cardiologic
 2nd or 3rd degree atrioventricular (A-V) block? No Unknown Yes

Other Clinical
 Was LD diagnosed by a physician? No Unknown Yes
 Other clinical comments: _____

EXPOSURE

Exposure to a potential tick habitat (wooded, brushy, or grassy area) within 30 DAYS of onset of EM? No Unknown Yes
 If yes, did this exposure occur in Alabama? No Unknown Yes
 What Alabama county: _____ If no, where did the exposure occur? _____

*Note: Exposure MUST occur in a county in which LD is endemic to be considered in case classification. To become endemic, a county must have **≥ 2 confirmed** cases of LD **acquired** in the county. Currently, LD is endemic to Mobile, Jefferson, Shelby & Chambers counties.*

CONTROL MEASURES

Date ADPH Investigator verbally provided patient, or patient representative, with Control Measures: _____
 If control measures were not verbally provided (or not provided within the recommended timeframe), explain:

