

**Form A: Lyme Disease Assessment Tool (2017)
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 **(304 _____ - _____)** within 72 hours of receipt.

A. Have you contacted this patient about Lyme disease positive laboratory results? YES NO

B. Date of first symptom onset (month/day/year): ____ / ____ / ____ YES NO

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

If yes, where was the patient when he/she was likely bitten by an infected tick in the past 30 days?

(County): _____ (State): _____

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

Rheumatologic/musculoskeletal (mark one):

- Recurrent, brief attacks objective joint swelling (one or few joints)
- Chronic arthritis preceded by brief attacks (one or few joints)
- Other: _____
- No rheumatologic/musculoskeletal symptoms associated with LD were observed

Neurologic (mark all that apply):

- Lymphocytic meningitis
- Facial palsy (may be bilateral)
- Cranial neuritis
- Radiculoneuropathy
- Encephalomyelitis
- Other: _____
- No neurologic symptoms associated with LD were observed

Cardiovascular (mark one):

- Acute onset of high-grade (2nd or 3rd degree) atrioventricular conduction defects (*that resolves in days to weeks*)
- Other: _____
- No cardiac symptoms associated with LD were observed

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

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

Test Ordered	Date	Result
Serology screen (IFA/EIA)	/ /	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <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

A. Why was 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: _____

B. 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.