NJDOH LYME DISEASE CASE INVESTIGATION FORM **CDRSS #:**

PATIENT INFORMATION

Name:	**Birth Date:** / /
Phone Number:	**Address:**
Ethnicity: ☐ Hispanic ☐ Non-Hispanic **Race:** ☐ White ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ American Indian or Alaskan Native	

CLINICAL INFORMATION

Has the clinician diagnosed this patient with Lyme disease?

◯ Yes , date: / /

◯ No

(Definition of diagnosis for NJDOH surveillance purposes may include clinical findings, laboratory results, or diagnosis of exclusion)

Symptom Onset Date: / /

If exact onset date is unknown, did symptoms develop greater than 30 days before specimen collection? ◯ Yes ◯ No ☐ *Onset Date Provided*

SIGNS OR SYMPTOMS (NOT EXPLAINED BY ANOTHER ETIOLOGY):

Rash	*Musculoskeletal*	*Neurologic*	*Cardiac*
☐ *Erythema migrans (EM) rash > 5 cm*	☐ *Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints*	☐ *Lymphocytic meningitis* ☐ *Cranial neuritis* ☐ *Facial palsy* ☐ *Radiculoneuropathy* ☐ *Encephalomyelitis*	☐ *Acute onset of high-grade (2nd or 3rd-degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis*

Additional Signs / Symptoms:

RISK FACTORS

Was there exposure to tick infested areas?

◯ Yes

↳ **Date of Exposure:** / /

◯ No

◯ Unknown

Did the patient have a recent tick bite?

◯ Yes

↳ **Date of Tick Bite:** / /

◯ No

◯ Unknown

TREATMENT

Name of Antibiotic(s)	Dosage and Duration	Dates of Treatment
		/ / **TO** / /
		/ / **TO** / /

☐ **NOT TREATED**

ADDITIONAL COMMENTS

RETURN COMPLETED FORM BY FAX TO (number): **ATTENTION (name):**