



Maine Center for Disease Control and Prevention

Lyme Disease Case Report Form 1/09

Patient's Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____

PLEASE FILL IN

PLEASE FILL IN

DOB: _____ Race: White Ethnicity: Hispanic
 Black Non Hispanic
 Amer. Indian/Eskimo Other
 Asian/Pacific Isl.
 Unknown

Gender: Male
 Female
 Unknown

Symptoms and Signs of Current Episode: Please answer each question.

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

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

Neurologic
 Bell's palsy or other cranial neuritis..... Yes No Unknown
 Radiculoneuropathy..... Yes No Unknown
 Lymphocytic meningitis Yes No Unknown
 Encephalitis/Encephalomyelitis Yes No Unknown
 CSF tested for antibodies to B. burgdorferi Yes No Unknown
 Antibody to B. burgdorferi higher in CSF than serum Yes No Unknown

Cardiologic
 2nd or 3rd degree atrioventricular block Yes No Unknown

Other clinical: _____

Date of onset of first symptoms: ___/___/___ Date of diagnosis: ___/___/___

Was the patient hospitalized? Yes No Unknown If yes, hospital: _____

Was the patient pregnant at the time of diagnosis? Yes No Unknown

Where was the patient most likely exposed? County: _____ State: _____

Laboratory Findings: Please send a copy of all Lyme disease testing

- Without laboratory report, form will be incomplete and not counted, except when Erythema migrans is present

Diagnosis (please circle one option):

- Yes, this patient has been diagnosed with Lyme disease.
- This patient is still undergoing evaluation, a diagnosis of Lyme disease has not been made. Please contact me again in ___ days.
- I do not believe this patient has Lyme disease.
- Please contact the following health care provider to obtain information about this patient:
 Other Provider's Name: _____

Physician's Name: _____ Telephone No.: _____

Address: _____ City: _____ State: _____

Person Completing Form: _____ Telephone (if different): _____