DUTCHESS COUNTY
DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH
Communicable Disease Control Division
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601
Tel: (845) 486-3402 Fax: (845) 486-3564

LYME DISEASE INVESTIGATION FORM

PHYSICIAN INFORMATION:

Name:_____ **Phone:**_____

Facility: _____ **Fax:**_____

PATIENT INFORMATION (Please provide any missing patient demographic information)**:**

Last Name:_____ **First Name:**_____ **DOB:**_____

Address:_____ **C/T/V:** _____ **Zip:** _____**Tel #:** _____

Gender (Male Female Unknown) **Pregnant** (Yes No Unknown) **Hospitalized** (Yes No ER/OutPatient)
Race (White Black American Indian/Alaskan Asian Native Hawaiian/Other Pacific Islander Other Unknown)
Ethnicity (Hispanic or Latino Not Hispanic or Latino Unknown)
Occupation (Food service Day care Healthcare Student/School Inmate Other OCC Correction wrk Unknown)

Hospital and Chart#: _____ **Admission Date**:_____

CLINICAL INFORMATION: **Date of first symptom:** _____
(Please circle responses next to patient's symptoms as appropriate)

Has a physician diagnosed this patient with Lyme disease?	Yes	No	Unknown
Has the patient been tested for other tick-borne infections?	Yes	No	Unknown
Erythema migrans >5cm (Physician diagnosed)	Yes	No	Unknown
Arthritis with observed joint swelling	Yes	No	Unknown
Arthritis without observed joint swelling	Yes	No	Unknown
Cranial neuritis including Bell's Palsy	Yes	No	Unknown
Lymphocytic meningitis	Yes	No	Unknown
Radiculoneuropathy	Yes	No	Unknown
Encephalomyelitis and antibody to B. burgdorferi higher in CSF than in serum	Yes	No	Unknown
Acute Secondary or Tertiary A-V conduction defect	Yes	No	Unknown
Other - Specify:	Yes	No	Unknown

LABORATORY RESULTS:

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

Was a Western Blot done? (Yes No) If Yes, and Western Blot was negative, check here_____

TREATMENT:

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

Additional Comments:_____

_____

_____

_____ _____ _____

Individual Completing Form **Title** **Date**