

**NEW HAMPSHIRE LYME DISEASE CASE REPORT FORM
HEALTH CARE PROVIDER**

Patient's Name _____ Report Date _____
(Last Name) (First Name)

Date of Birth _____ Age _____ Male Female Unknown

Address _____

City / Town _____ County _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Deceased Hospitalized (If yes, where _____)

Occupation: _____

Race

- White
- African American
- Asian
- Hawaiian or Pacific Islander
- Native Am./Alaskan Native
- Other
- Unknown

Ethnicity

- Hispanic
- Not Hispanic
- Unknown

SYMPTOMS AND SIGNS OF CURRENT EPISODE (Please answer each question)

Is this person being diagnosed with Lyme Disease? Yes No

If yes, date of diagnosis _____ Date of onset of first symptoms _____

DERMATOLOGIC:

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

RHEUMATOLOGIC:

Arthritis characterized by recurrent 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:

Acute onset 2nd or 3rd degree atrioventricular block? Yes No Unknown

Name of antibiotic(s) prescribed _____ Duration of treatment in days _____

Has this individual been diagnosed with Lyme Disease previously? Yes Date (month/year) of diagnosis _____

No Unknown

Other clinical: _____

EXPOSURE HISTORY

In month prior to symptom onset, was this individual in wooded, brushy or grassy areas in NH? Yes No Unknown

In month prior to symptom onset, was this individual in wooded, brushy or grassy areas outside of NH? Yes No Unknown

Other (e.g. town, county, state) likely exposed? _____

LABORATORY RESULTS (Mark Positive, Negative, or Not done/Unk)

Serologic test results: _____

Culture results: _____

Other (specify): _____

HEALTH CARE PROVIDER REPORTING INFORMATION:

Reported by _____

Health Care Provider _____ Phone _____

Provider Facility _____

City/Town _____ State _____ Zip _____

**Mail or Fax to: NH Department of Health and Human Services,
Communicable Disease Surveillance & Control
29 Hazen Drive, Concord, NH 03301. Fax: (603) 271-0545,
Phone: Hotline 1 (888) 836-4971. vJul 09**

For NH DHHS Staff Only

Imported

- Acquired in NH
- Acquired Outside US
- Acquired in Another State
- Unknown

Case Status

- Confirmed (meets CDC definitions)
- Probable (meets CDC definitions)
- Suspected (meets CDC definitions)
- Not A Case
- Out of state

Notes: