



Confidential when completed

**PERSON REPORTING**

Health Authority:	<input type="checkbox"/> FHA	<input type="checkbox"/> IHA	<input type="checkbox"/> VIHA	<input type="checkbox"/> NHA	<input type="checkbox"/> VCH
Name:					
	<i>Last</i>		<i>First</i>		
Phone:	( )	-	ext.		
Email:					

Date Report Received at HA (YYYY/MM/DD): \_\_\_\_\_

Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer:  Not located

**A. CLIENT INFORMATION**

Name:			Alternate Name(s):		
<i>Last</i>	<i>First</i>	<i>Middle</i>			
PHN:	Date of Birth:	Sex:			
	YYYY / MM / DD	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Address:			City:		
<i>Unit #</i>	<i>Street #</i>	<i>Street Name</i>			
Postal code:	Province:	Phone number (home/office/cell)	( )	-	ext.
Email:	Physician Name	Physician Phone Number:			
	<i>Last</i>	<i>First</i>			
Interview conducted with:					

**B. ABORIGINAL INFORMATION**

Do you wish to self-identify as an Aboriginal Person?	<input type="checkbox"/> Asked, not provided	<input type="checkbox"/> No	
	<input type="checkbox"/> Not asked	<input type="checkbox"/> Yes	
Aboriginal Identity:	<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Asked, not provided	<input type="checkbox"/> First Nations
<input type="checkbox"/> First Nations and Inuit	<input type="checkbox"/> First Nations and Métis	<input type="checkbox"/> First Nations, Inuit and Métis	<input type="checkbox"/> Inuit
<input type="checkbox"/> Inuit and Métis	<input type="checkbox"/> Métis	<input type="checkbox"/> Not asked	
First Nations Status:	<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Asked, not provided	<input type="checkbox"/> Non-Status Indian
	<input type="checkbox"/> Not Asked	<input type="checkbox"/> Status Indian	



**C. LABORATORY INFORMATION**

Specimen Type	Reporting Lab	Collection Date	Lab test	Result
		YYYY / MM / DD	Borrelia burgdorferi IgG/IgM Borrelia burgdorferi Western blot IgG Borrelia burgdorferi Western blot IgM European strain Western blot	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal If reactive, specify species:
Convalescent sample		YYYY / MM / DD	Borrelia burgdorferi IgG/IgM Borrelia burgdorferi Western blot IgG Borrelia burgdorferi Western blot IgM European strain Western blot	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal If reactive, specify species:

**D. RISK FACTORS AND EXPOSURE INFORMATION**

Date of onset of symptoms:

YYYY / MM / DD

**TICK BITE EXPOSURE**

In the 2 years prior to symptom onset did you experience a tick bite in Canada, the US or Europe:  Yes  No  Unknown

If yes,

Date of tick bite: YYYY / MM / DD Location of tick bite (city, province, country): \_\_\_\_\_

**TRAVEL EXPOSURE**

In the 2 years prior to symptom onset did you:

Travel in Canada but outside area of residence:  Yes  No  Unknown

Travel within in the US:  Yes  No  Unknown

Travel in Europe:  Yes  No  Unknown

If yes to any travel, enter details below

Dates: DEPARTURE	Dates: RETURN	Location (e.g., city, country)	Additional detail
YYYY / MM	YYYY / MM		
YYYY / MM	YYYY / MM		
YYYY / MM	YYYY / MM		



**E. CLINICAL INFORMATION**

Date of onset of symptoms: \_\_\_\_\_ Date of tick bite **OR** travel dates for  
European strain cases only  
(Exposure date) YYYY / MM

YYYY / MM / DD

**NOTE: For cases that report a tick bite or for lab-confirmed cases of European strain *Borrelia* with travel to Europe use these dates to assess the timeframes for collecting clinical symptoms. For all cases of *Borrelia burgdorferi* or lab-confirmed cases of European strain *Borrelia* with NO travel to Europe record clinical symptoms reported at any time.**

Clinical presentation	Client reported	Clinician reported* <b>Clinician information not available</b> <input type="checkbox"/>	Comment
Clinician-observed <sup>1</sup> erythema migrans rash <sup>2</sup> within 3-30d of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Partial paralysis of the face [cranial nerve palsy or cranial neuritis] <sup>3</sup> within 1wk to 3 months of exposure date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Single nerve paralysis [radiculopathy or radiculoneuritis or radiculoneuropathy] <sup>4</sup> within 1wk to 3 months of exposure date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Multiple clinician-observed <sup>1</sup> erythema migrans lesions <sup>5</sup> within 1wk to 3 months of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lymphocytic meningitis or meningitis <sup>6</sup> within 1wk to 3 months of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Encephalomyelitis <sup>7</sup> within 1wk to 3mo and 3mo to 2y of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Cardiac conduction defect, specifically 2 <sup>nd</sup> or 3 <sup>rd</sup> degree atrioventricular (AV) block <sup>8</sup> within 1wk to 3mo of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Arthritis <sup>9</sup> within 3mo to 2y of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Chronic axonal polyneuropathy <sup>10</sup> within 3mo to 2y of exposure date		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

\*Note: may be obtained through medical or hospital charts or discussion with clinician

<sup>1</sup> EM rash must be diagnosed, observed and reported by a clinician to ensure an accurate diagnosis and that the rash occurred recently.  
<sup>2</sup> EM rash occurs at site of tick bite. Must be at least 5cm in diameter. Usually grows in diameter over time and lasts 3-4 weeks if untreated, shorter if treated. May have a bull's eye appearance with central clearing or be homogeneously red. Can have blisters and solid or crusted lesions or a warm, hard, red centre. May be accompanied by fever, malaise, muscle pain, joint pain and headache.  
<sup>3</sup> May include Bell's Palsy, drooping eyelids, difficulty speaking or eating.  
<sup>4</sup> May include paralysis, weakness, numbness, tingling and/or pain in a single arm or leg.  
<sup>5</sup> These EM lesions tend to be <5cm. May be accompanied by fever, malaise, muscle pain, joint pain and headache.  
<sup>6</sup> Can present with headache, stiff neck and fever.  
<sup>7</sup> Refers to inflammation of the brain and the meninges. Presents with symptoms of meningitis and other such as ataxia (unsteady gait), cognitive impairment, cranial or other nerve paralysis, bladder dysfunction, decreased level of consciousness.  
<sup>8</sup> Conduction defects lead to irregular heartbeats. Can be associated with carditis or myopericarditis.  
<sup>9</sup> Early on, presents as recurrent or intermittent brief (weeks to months) attacks of pain and swelling of 1 or a few large joints. Often affects the knees. Joints are more swollen than painful, can be hot but not often red. May be accompanied by Baker cysts. Typically recurs for several years and may lead to chronic arthritis (lasting >1yr). Malaise, fatigue and fever may accompany attacks.  
<sup>10</sup> Pain, numbness and tingling along multiple nerves (proximal and distal).

