LYME DISEASE AND TICK-BORNE ILLNESS
CASE PRESENTATION FORM 2019

Provider Name:
Provider Practice/City or Town:
Provider Phone Number:
Provider Email:
Does your case focus on one of our core topics?
Which date would you ideally like to present your case?

Please return the completed form to Mark Pasanen:
  • Email attachment: mark.pasanen@uvmhealth.org
  • Fax: (802) 847-5784 (Attn: Mark Pasanen)

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May 17, 2019</td>
<td>Orientation – Tick-borne Illness/Epidemiology</td>
</tr>
<tr>
<td>2</td>
<td>June 21, 2019</td>
<td>Early Localized Lyme diagnosis, treatment, and test interpretation</td>
</tr>
<tr>
<td>3</td>
<td>July 19, 2019</td>
<td>Early disseminated and late Lyme diagnosis and treatment (cardiac, rheumatologic, neurologic)</td>
</tr>
<tr>
<td>4</td>
<td>Aug 16, 2019</td>
<td>Chronic Lyme Disease</td>
</tr>
<tr>
<td>5</td>
<td>Sept 20, 2019</td>
<td>Anaplasmosis</td>
</tr>
<tr>
<td>6</td>
<td>Oct 25, 2019</td>
<td>Other tick-borne diseases</td>
</tr>
</tbody>
</table>
Please state your question(s) for the UVM Lyme/Tick-borne Illness ECHO?

Patient Gender
☐ Male    ☐ Female    ☐ Other:

Age:  Weight:  Height:

Functional Status:
Average Pain Rating (0-10):

Please provide clinical history/overview:
Associated symptoms:
☐ Sleep disruption  ☐ Fatigue  ☐ Joint Pain  ☐ Weakness  ☐ Confusion

Other symptoms:

Pertinent Past Medical/Surgical History:

Screening Tools/Assessments:
☐ Depression (e.g. PHQ-2 or PHQ-9)
☐ Anxiety (e.g. GAD-7)
☐ Alcohol/Drug Use Screen
☐ Other
Current Medications: 

Previous Medications: 

Pertinent Physical Exam:

Recent Vital Signs: BP _____/____  Pulse _____
Pertinent Testing (labs, radiology, etc.):

Assessment and Current Treatment Plan: