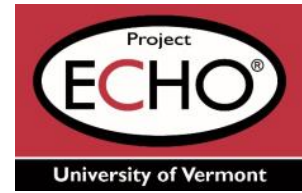




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LYME DISEASE AND TICK-BORNE ILLNESS CASE PRESENTATION FORM 2019

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:

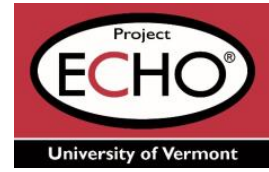
- Email attachment: mark.pasanen@uvmhealth.org
- Fax: (802) 847-5784 (Attn: Mark Pasanen)

Session	Date	Topic
1	May 17, 2019	Orientation – Tick-borne Illness/Epidemiology
2	June 21, 2019	Early Localized Lyme diagnosis, treatment, and test interpretation
3	July 19, 2019	Early disseminated and late Lyme diagnosis and treatment (cardiac, rheumatologic, neurologic)
4	Aug 16, 2019	Chronic Lyme Disease
5	Sept 20, 2019	Anaplasmosis
6	Oct 25, 2019	Other tick-borne diseases



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Please state your question(s) for the UVM Lyme/Tick-borne Illness ECHO?

Patient Gender

Male Female Other:

Age:

Weight:

Height:

Functional Status:

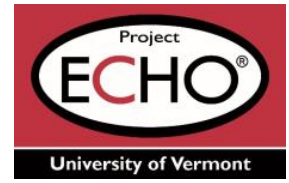
Average Pain Rating (0-10):

Please provide clinical history/overview:



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Associated symptoms:

- Sleep disruption Fatigue Joint Pain Weakness Confusion

Other symptoms:

Pertinent Past Medical/Surgical History:

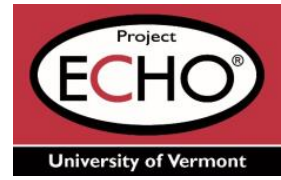
Screening Tools/Assessments:

- Depression (e.g. PHQ-2 or PHQ-9)
 Anxiety (e.g. GAD-7)
 Alcohol/Drug Use Screen
 Other



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Current Medications:

Previous Medications:

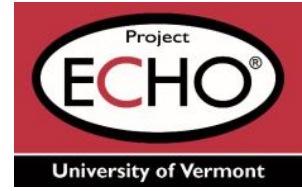
Pertinent Physical Exam:

Recent Vital Signs: BP ___/___ Pulse ___



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Pertinent Testing (labs, radiology, etc.):

Assessment and Current Treatment Plan: