



Tick-Borne Infections Council of North Carolina, Inc

CASE REGISTRY FORM

Date: _____ Male: _____ Female: _____

Name: _____ Age: _____

May we use your name publicly? Yes ___ No ___
If you do not wish your name used, we will keep your information in our registry under "name withheld."

Mailing address: _____

City: _____ Zip code: _____ Phone: _____

Email: _____

1. Have you ever been diagnosed with a tick-related illness? Yes / No
2. If yes, were you aware of a tick bite prior to becoming ill? Yes / No
3. Where did you most likely contract the tick-related illness? City/County: _____ State: _____
4. Please circle and date all infections that you have been diagnosed with:

- Rocky Mountain Spotted Fever _____ (Month/year)
- Lyme disease _____ (Month/year)
- Babesiosis _____ (Month/year)
- Southern Lyme (STARI) _____ (Month/year)
- Bartonella _____ (Month/year)
- Ehrlichiosis (type if known) _____ (Month/year)
- Tularemia _____ (Month/year)
- Other _____ (Month/year)

5. How were you diagnosed?

By clinical symptoms?

(Check all that apply)

- _____ rash
- _____ fever
- _____ headache
- _____ fatigue
- _____ muscle aches
- _____ joint pain
- _____ other(s) (specify) _____

By a positive test?

- _____ ELISA
- _____ Western Blot
- _____ PCR
- _____ Titers
- _____ Other (specify) _____

TIC-NC, Inc is a 501(c)(3) non-profit organization.

May we contact you for more information?

Yes ___ No ___

6. Did you receive treatment?
What Kind? _____

Duration? _____

7. How was the treatment paid for?
Insurance _____
Other _____

8. What is your condition now:
Well _____
Partially well _____
Disabled _____

9. Did you have trouble finding adequate medical care?
Yes _____ No _____
Comments: _____

10. Do you know of other cases?
Yes _____ No _____

Family members	Y	N
Pets	Y	N
Others	Y	N

(Specify) _____

11. Other comments or information: _____

Mail or fax this form to us:
PO Box 841
Pittsboro, NC 27312
Phone/Fax (919) 542-5573
www.tic-nc.org, info@tic-nc.org

Place of collection _____
Date Collected _____
Name of Collector _____
Entered in database.