



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.