**Ontario Lyme Disease** **Investigation Tool**

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| **Legend** | **for interview with case ♦ System-Mandatory ❖ Required Personal Health information** |

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| **Cover Sheet***Note that this page can be autogenerated in iPHIS* |
| Date Printed: YYYY-MM-DD Bring Forward Date: YYYY-MM-DD iPHIS Client ID #:  Enter number **♦** Investigator:  **Enter name \_ \_****♦** Branch Office:  Enter office **♦** Reported Date: YYYY-MM-DD **❖**Diagnosing Health Unit:  Enter health unit **♦** Disease: LYME DISEASE**♦** Is this an outbreak associated case?[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-027 in iPHIS*Is the client in a high-risk occupation/ environment? [ ]  Yes, specify: Specify [ ]  No |  **♦** Client Name:  **Enter name \_ \_**Alias:  **Enter alias \_ \_** |
|  **♦** Gender: Select an option |  **♦** Age: **Age**  |
|  **♦** DOB:YYYY-MM-DD  Address:  **Enter address \_**  **Enter address \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** Tel. 1:  **###-###-####** Type: [ ]  Home [ ]  Mobile [ ]  Work [ ]  **Other, specify** Tel. 2:  **###-###-####** Type: [ ]  Home [ ]  Mobile [ ]  Work [ ]  **Other, specify** Email 1: **Enter email address \_ \_** Email 2:  **Enter email address \_ \_** |
| Is the client homeless? [ ]  Yes [ ]  No  New Address:  **Enter address \_** **♦** Language:  **Specify \_ \_**Translation required*?* [ ]  Yes [ ]  No**Proxy respondent** Name:  **Enter name \_ \_**[ ]  Parent/Guardian [ ]  Spouse/Partner [ ]  Other  **Specify \_ \_** | **♦** Physician’s Name: **Enter name \_ \_****♦** Role**:** [ ]  Attending Physician [ ]  Family Physician [ ]  Specialist [ ]  Walk-In Physician [ ]  Other [ ]  Unknown**OPTIONAL**Additional Physician’s Name: **Enter name \_** Address:  **Enter address \_**  Tel:  **###-###-####**  Fax:  **###-###-####** Role:  **Enter role \_ \_** |

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|  **Verification of Client’s Identity & Notice of Collection** |
| Client’s identity verified? [ ]  Yes, *specify*: [ ]  DOB [ ]  Postal Code [ ]  Physician  [ ]  No  |
| **Notice of Collection***Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under* *PHIPA s. 16*. *Insert Notice of Collection, as necessary.* |

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| **Record of File** |
| **♦ Responsible Health Unit** | **Date** | **♦ Investigator’s Name** | **Investigator’s Signature** | **Investigator’s Signature** | **Designation** |
|  | **❖**Investigation Start Date**YYYY-MM-DD** |  |  |  | [ ]  PHI [ ]  PHN[ ]  Other  |
|  | Assignment Date**YYYY-MM-DD** |  |  |  | [ ]  PHI [ ]  PHN[ ]  Other  |

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| **Call Log Details**  |
|  | **Date** | **Start Time** | **Type of Call** | **Call To/From** | **Outcome****(contact made, v/m, text, email, no answer, etc.)** | **Investigator’s initials** |
| Call 1 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 2 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 3 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 4 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 5 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Date letter sent: YYYY-MM-DD |

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| **Case Details** |
| **♦ Aetiologic Agent** | Select the Aetiologic Agent |
| **♦ Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition *Do not close case as PUI*  | **♦ Classification Date**  | **YYYY-MM-DD** |
| **♦ Outbreak Case Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition *Do not close case as PUI*  | **♦ Outbreak Classification Date** | **YYYY-MM-DD** |
| **♦ Disposition** | [ ]  Complete [ ]  Closed- Duplicate-Do Not Use [ ]  Entered In Error [ ]  Lost to Follow Up [ ]  Does Not Meet Definition [ ]  Untraceable  | **♦ Disposition Date**  | **YYYY-MM-DD** |
| **♦ Status** | [ ]  Closed  | Initial here | **♦ Status Date** | **YYYY-MM-DD** |
| [ ]  Open (re-opened)  | Initial here | **♦ Status Date** | **YYYY-MM-DD** |
| [ ]  Closed  | Initial here | **♦ Status Date** | **YYYY-MM-DD** |
| **♦ Priority** | [ ]  High | [ ]  Medium [ ]  Low |  *(At health unit’s discretion)* |

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| **Human Lab Testing Information** |
| **Requisition #** | **Test Date** | **Sample Type (serum)** | **Collection Date** | **EIA/ELISA Tier 1 Result****IgM/IgG** | **EIA/ELISA Tier 2 Result IgM/IgG** | **Notes** |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |

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| **European Human Lab Testing Information** |
| **Travel to Europe** [ ]  NO [ ]  YES, if yes please fill out the following information |
| **Requisition #** | **Test Date** | **Sample Type (serum)** | **Collection Date** | **EIA/ELISA Tier 1 Result****IgM/IgG** | **Western Blot****IgM** | **Western Blot****IgG** | **Notes** |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
|  | **YYYY-MM-DD** |  | **YYYY-MM-DD** | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate | [ ]  Reactive [ ]  Non-Reactive[ ]  Indeterminate |  |
| **Tick Lab Results** |
|  **Tick submitted** [ ]  NO [ ]  YES, if yes please fill out the following information |
| **Requisition #** | **Submission Date** | **Tick Stage** | **Tick Sex** | **Tick Species** |
|  | **YYYY-MM-DD** | [ ]  Larval[ ]  Nymph[ ]  Adult | [ ]  Male[ ]  Female |  |
|  | **YYYY-MM-DD** | [ ]  Larval[ ]  Nymph[ ]  Adult | [ ]  Male[ ]  Female |  |
|  | **YYYY-MM-DD** | [ ]  Larval[ ]  Nymph[ ]  Adult | [ ]  Male[ ]  Female |  |
|  | **YYYY-MM-DD** | [ ]  Larval[ ]  Nymph[ ]  Adult | [ ]  Male[ ]  Female |  |

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| **Signs and Symptoms** |
| Enter onset date and time, using this as day 0 then count back to determine the incubation period.**Incubation period** for EM rash, 3-32 days after tick exposure with a mean of 7-10 days. Early stages of the illness may not be apparent and the person may present later with other manifestations. |
| ***Specimen collection date:*** YYYY-MM-DD |
| **♦ Sign or Symptom** | **♦ Response**  | **❖ Use as Onset***(choose one)* | **❖ Onset Date**YYYY-MM-DD*(choose one)* | **Onset Time**24-HR ClockHH:MM*(discretionary)* | **❖ Recovery Date**YYYY-MM-DD*(choose one)* |
|  | **Yes** | **No** | **Don't Know** | **Not Asked** | **Refused** |  |  |  |  |
| A-V Heart Block (Second or Third Degree) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Arthralgia (Joint Pain) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Arthritis |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Auditory symptoms |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Bell’s palsy/other cranial neuritis |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Body, generalized aches |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Cognitive impairment or mood disturbances  |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Erythema migrans (EM)  |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Fatigue |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Fever (≥38°C or 100.4°F) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Headache |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Hearing impairment |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Keratitis |  |  |  |  |  |  |  |  |  |
| Lymphocytic meningitis/ encephalitis/ encephalomyelitis |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Memory Loss |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Myalgia (muscle pain) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Neck pain (stiff or sore) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Palpitations/arrhythmia |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Paresthesias (tingling, numbness or burning) |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Radiculoneuropathy |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Visual symptoms |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Other |[ ] [ ] [ ] [ ] [x] [ ]  **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| **❖ Medical Risk Factors** | **❖ Response** | **Details***iPHIS character limit: 50.***.** |
|  | **Yes** | **No** | **Unknown** | **Not asked** |  |
| Other (*specify)* |[ ] [ ] [ ] [ ]   |
| Unknown |[ ] [ ]  *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.* |

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| **Hospitalization & Treatment** *Mandatory in iPHIS only if admitted to hospital* |
| Did you go to an emergency room?  | [ ]  Yes [ ]  No  | **If yes,** Name of hospital: Date(s): **YYYY-MM-DD** |
| **♦** Were you admitted to hospital as a result of your illness (not including stay in the emergency room)? | [ ]  Yes [ ]  No [ ]  Don’t recall  | **If yes,** Name of hospital: Enter name**♦** Date of admission: **YYYY-MM-DD** **❖** Date of discharge: **YYYY-MM-DD**[ ]  Unknown discharge date |
| Were you transferred to a different hospital? | [ ]  Yes [ ]  No [ ]  Don’t recall  | If yes, Name of hospital: Enter name **♦** Date of admission: **YYYY-MM-DD****❖** Date of discharge: **YYYY-MM-DD**[ ]  Unknown discharge date |
| *→ For iPHIS data entry – if the case visited the emergency room or is hospitalized, enter information under Appendix 1, Section 1.2 Interventions.*  |
| Were you prescribed antibiotics or medication for your illness?  | [ ]  Yes [ ]  No[ ]  Don’t recall  | If yes, Medication: Start date: YYYY-MM-DDEnd date: YYYY-MM-DDRoute of administration: Dosage:  |
| Did you take over-the-counter medication?  | [ ]  Yes [ ]  No[ ]  Don’t recall  | If yes, *specify*: |
| *Treatment information can be entered in iPHIS under* ***Cases > Case > Rx/Treatments>Treatment*** *as per current iPHIS User Guide.* |

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| **Complications** |
| [ ]  Carditis, all [ ]  Musculoskeletal, all [ ]  Neurologic, all [ ]  None [ ]  Other [ ]  Unknown |

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| **Behavioural Social Risk Factors in the 30 days before onset of illness** | **❖ Response** | **Details***iPHIS character limit: 50.* |
|  | **Yes** | **No** | **Unknown** | **Not asked** |  |
| Activities in wooded or tall grass areas (specify what the activity is ex. Hunting, camping, hiking. Etc.) |[ ] [ ] [ ] [ ]   |
| Does not always check themselves for ticks after being outdoors in wooded or tall grass areas  |[ ] [ ] [ ] [ ]   |
| Does not always use adequate clothing protection in wooded or tall grass areas, eg. Long sleeves, long pants, covered shoes |[ ] [ ] [ ] [ ]   |
| Does not always use insect repellent when in wooded or tall grass areas |[ ] [ ] [ ] [ ]   |
| Outdoor dog or cat that shares bed or living space |[ ] [ ] [ ] [ ]   |
| Tick bite or exposure to ticks |[ ] [ ] [ ] [ ]   |
| Traveled to Europe (specify province or country) |[ ] [ ] [ ] [ ]   |
| Other |[ ] [ ] [ ] [ ]   |
| Unknown |[ ] [ ] [ ] [ ]   |

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| **Exposures – Linked to provincial canned exposure** |
| Please document locations of travel and/or contact with wooded/tall grass areas in the 32 days prior to symptom onset. If the location(s) of exposure is included in the list of provincial canned exposures below use that exposure and enter the relevant client details (i.e. client earliest and most recent exposure date). The provincial canned ‘unknown’ exposure may be used for cases where follow up was not completed. **Please do not change any details or add any comments to provincial canned exposures as it will affect all cases that are linked to the exposure**. If you need to add specific comments please do so in the relevant iPHIS fields (e.g. case notes). Please do not create individual exposures for the locations included in the list of provincial canned exposures. If the exposure of interest is identified but does not appear in the provincial canned exposure list below, go to the next section to create a new exposure.  |
| Exposure ID | Exposure Name | Client Earliest Exposure Date/ TimeYYYY-MM-DD | Client Most Recent Exposure Date/ TimeYYYY-MM-DD | Exposure Mode | Most Likely Source (select one only) |
| 98513 | KINGSTON - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98479 | LONG POINT PROVINCIAL PARK -TICK  | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98507 | MURPHYS POINT PROVINCIAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98514 | PERTH – TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98515 | PICTON - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98494 | PINERY PROVINCIAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 94365 | POINT PELEE NATIONAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98502 | PRINCE EDWARD POINT NATIONAL WILDLIFE AREA - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98499 | RONDEAU PROVINCIAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98510 | ROUGE VALLEY - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98504 | ST. LAWRENCE ISLANDS NATIONAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 104425 | TURKEY POINT PROVINCIAL PARK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98496 | WAINFLEET BOG CONSERAVATION AREA - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98516 | CONNECTICUT - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98517 | DELAWARE – TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98518 | MAINE – TICK  | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98519 | MARYLAND - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98520 | MASSACHUSETTS - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98521 | MINNESOTA - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98522 | NEW HAMPSHIRE – TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98523 | NEW JERSEY - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98524 | NEW YORK - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98525 | PENNSYLVANIA - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| Exposure ID | Exposure Name | Client Earliest Exposure Date/ TimeYYYY-MM-DD | Client Most Recent Exposure Date/ TimeYYYY-MM-DD | Exposure Mode | Most Likely Source (select one only) |
| 98526 | RHODE ISLAND - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98527 | VERMONT - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98528 | VIRGINIA - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 98529 | WISCONSIN - TICK | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |
| 219916 | 01-UNKNOWN-LYME DISEASE | **YYYY-MM-DD** | **YYYY-MM-DD** | Acquisition | [ ]  |

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| **Creating a New Exposure** |
| If the location of exposure is not found in the list of provincial canned exposures, please create a new exposure using the fields below and enter into iPHIS. If multiple exposures are identified, please create an exposure for each location and indicate which one is the most likely exposure. Please collect as much information regarding the location of exposure. If the exposure you have created is within a different health unit please send an iPHIS referral to that health unit with the exposure ID so that they are aware of the exposure in their jurisdiction. Please fill out the full street address if possible, at a minimum include the city or town name.Enter the exposure using the naming convention below. Multiple exposures can be entered for a single case. Note, a date is not included in the exposure name, {LOCATION – TICK} Location name should be either a park name, landmark or city name.To track multiple exposures, please copy and paste the **Exposure** table below. |

**Exposure:**

|  |  |
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| Exposure Type: | Vector |
| Exposure ID #: |  |
| **♦**Exposure Name:{LOCATION – TICK} |  |
| **♦**Health Unit Responsible: |  |
| **♦** Earliest Exposure: | **YYYY-MM-DD****Date** | HH :MM**Time** | Most Recent Exposure: | **YYYY-MM-DD****Date** | HH :MM**Time** |
| Category/Transmission: | Vector-borne | Source: | Tick |
| Exposure Address |
| Full Street Address: |  |
| **♦** City/Province: |  |
| Postal Code: |  | **♦** Country: |  |
| **❖** Exposure Setting: |  | Exposure Setting Type: |  |
| **♦** Exposure Mode: | Acquisition  | **❖** Most Likely Source? | [ ]  |
| Exposure Assignment: |  | Health Unit Person Responsible: |  |

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| **Outcome** *Mandatory in iPHIS only if Outcome is Fatal* |
| **Outcome** | [ ]  Unknown [ ]  ♦ Fatal [ ]  Ill [ ]  Pending [ ]  Residual effects [ ]  Recovered | ♦ **Cause(s) of** **Death?** |  |
| ♦ **Type of Death**  | [ ]  Reportable Disease Contributed to but was Not the underlying cause of death[ ]  Reportable Disease was the Underlying cause of Death [ ]  Reportable Disease was Unrelated to the cause of Death[ ]  Unknown |
| **Outcome Date**  | **YYYY-MM-DD** | **Date Accurate**  | [ ]  Yes specify source (e.g. death certificate) [ ]  No  |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by Lyme disease. Please note that another investigator may contact you again to ask additional questions.  |

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| **Intervention** |
| **❖ Intervention Type** | **♦ Start Date**YYYY-MM-DD | **❖ End Date**YYYY-MM-DD | **♦ Internal Provider (Investigator’s Name)** | **Location** |
|
| Counselling | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Education  | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| ER visit  | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Exclusion | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Hospitalization | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Letter 1 - Client | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Letter 1- Physician | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Letter 2 - Client | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Letter 2- Physician | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Other (i.e.: # contacts assessed) | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |
| Press Release | **YYYY-MM-DD** | **YYYY-MM-DD** |  |  |

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| **Progress Notes** |
| Click here to enter text. |

If you have any comments or feedback regarding this Investigation Tool, please email us at ezvbd@oahpp.ca.