Persistent symptoms after treated Lyme disease: referral

Original independent practice task. Assume that today's date is 5 November 2026. Ms Minji Hwangbo has attended your general practice for review. Reading time: 5 minutes; writing time: 40 minutes. You are Ms Minji Hwangbo's general practitioner. Using the case notes, write a referral to Dr Sienna Coleman, Infectious Diseases Physician, Specialist Outpatient Clinic, 18 High Street, SW1P 2AB, United Kingdom. Request assessment of persistent symptoms following documented treatment for Lyme disease, distinguishing the patient's belief in continuing infection from the clinical findings. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Minji Hwangbo	☐	☐	☐
2. DOB: 12/03/1984 (42 yrs)	☐	☐	☐
3. Review today: 05/11/26; initial consultation: 05/08/26	☐	☐	☐
Social background			
4. School administrator; symptoms → reduced working hours	☐	☐	☐
5. Lives with partner; supportive, assists with household tasks	☐	☐	☐
6. School software training booked for December; routine requirement for all administrators	☐	☐	☐
7. Complained receptionist was unfriendly when booking appointment	☐	☐	☐
8. Private disagreement with sister over sale of family jewellery	☐	☐	☐
Medical history			
9. Appendicectomy in childhood; previously generally well	☐	☐	☐
10. Regular medicines: nil	☐	☐	☐
11. No known drug allergies	☐	☐	☐
Initial illness and documented treatment			
12. 05/08: expanding oval rash after tick bite during UK woodland walking	☐	☐	☐
13. GP record: clinical diagnosis of Lyme disease	☐	☐	☐
14. Records confirm oral doxycycline 100 mg BD for 21 days from 05/08; course completed, no missed doses	☐	☐	☐
15. Rash and initial flu-like symptoms resolved during treatment	☐	☐	☐
16. No further tick exposure reported	☐	☐	☐

	I	C	O
Current assessment — 05/11/26			
17. Persistent fatigue, generalised aches, poor concentration since treatment; little improvement	☐	☐	☐
18. Previously full workload; briefly resumed full hours in September → reduced again in October due to fatigue; sustained administrative tasks still difficult	☐	☐	☐
19. No fever, recurrent rash or swollen joints	☐	☐	☐
20. No facial/limb weakness, numbness, palpitations or syncope	☐	☐	☐
21. Afebrile; observations stable	☐	☐	☐
22. No rash or synovitis on examination	☐	☐	☐
23. Neurological and cardiovascular examinations unremarkable	☐	☐	☐
24. Recent FBC, CRP, renal/liver function and thyroid tests unremarkable	☐	☐	☐
25. No repeat Lyme testing performed	☐	☐	☐
26. Patient believes infection continues; requests prolonged antibiotics	☐	☐	☐
27. Continuing infection unconfirmed; no objective focal findings today	☐	☐	☐
Plan			
28. Refer: assess persistent symptoms, consider alternative causes, advise investigation/management	☐	☐	☐
29. No additional antibiotics started pending specialist assessment	☐	☐	☐
30. GP follow-up arranged; temporary work adjustments offered	☐	☐	☐

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