



Name: _____

Date (Black): _____

Date (Red): _____

Date (Green): _____

Check-list of Current Symptoms: This is not meant to be used as a diagnostic scheme, but is provided to streamline the office interview. Note the format - complaints referable to the specific organ systems and specific co-infections are clustered to clarify diagnoses and to better display multi-system involvement.

Have you had any of the following in relation to this illness? (CIRCLE " Y " or " N ")										
Tick bite	Y	N	Lyme Vaccine	Y	N	Where in the world (location) were you bitten				
Spotted rash over large area:	Y	N				"EM" rash (discrete circle)	Y	N		
Linear red streaks	Y	N				History of steroid use	Y	N		
Do you have a family member with Lyme	Y	N				Exposed to domestic/wild animals/fleas/lice/lizards	Y	N		
Do you have pets	Y	N				Have your pets had Lyme	Y	N		
Musty basement	Y	N				Water damage at your: house, work, environment	Y	N		
Have you ever been diagnosed with: Celiac Disease / IBS / Diverticulosis / Diverticulitis / Leaky Gut Syndrome (please circle if any apply)										
SIGN OR SYMPTOM	CURRENT SEVERITY					CURRENT FREQUENCY				
	None	Mild	Moderate	Severe	NA	Never	Occasional	Often	Constant	
Persistent swollen glands										
Sore throat										
Fevers										
Sore soles, especially in the A.M.										
Joint pain:										
Fingers, toes										
Ankles, wrist										
Knees, elbows										
Hips, shoulders										
Joint swelling:										
Fingers, toes										
Ankles, wrists										
Knees, elbows										
Hips, shoulders										
Unexplained back pain										
Stiffness of joints or back										
Muscle pain or cramps										
Obvious muscle weakness										
Twitching of face/muscles										
Confusions, difficulty thinking										
Difficulty w/concentration, reading, problem absorbing information										
Word search, name block										
Forgetfulness, poor short-term memory, poor attention										
Disorientation: getting lost, going to wrong places										
Use wrong words, misspeak										
Mood swings, irritability, depression										
Anxiety, panic attacks										
Psychosis: hallucinations, delusions, paranoia, bipolar										
Tremors										
Seizures										

SIGN OR SYMPTOM	CURRENT SEVERITY					CURRENT FREQUENCY			
	None	Mild	Moderate	Severe	NA	Never	Occasional	Often	Constant
Headaches									
Neck pain, stiffness, creaks or cracks									
Tingling, numbness, burning, stabbing or shooting pains, skin hypersensitivity									
Rash, new stretch marks									
Light sensitivity									
Vision: double, blurry, floaters									
Sound sensitivity									
Hearing: buzzing, ringing, decreased hearing									
Motion sickness, vertigo, spinning									
Off balance, "tippy" feeling									
Lightheadedness, wooziness									
Unavoidable need to sit or lie down									
Facial paralysis-Bell's palsy									
Dental pain									
Chronic cough									
Fatigue, tired, poor stamina									
Insomnia, fractioned sleep, early awakening									
Excessive night time sleep									
Napping during the day									
Unexplained weight gain									
Unexplained weight loss									
Unexplained hair loss									
Pain in genital area									
Menstrual irregularity									
Loss of libido									
Unexplained milk production									
Breast pain									
Irritable or dysfunctional bladder									
Erectile dysfunction									
Queasy stomach or nausea									
Heartburn, stomach pain									
Constipation and/or diarrhea									
Ear Pain									
Abdominal pain, cramps									
Abdominal bloating after eating or taking Probiotics									
Heart murmur or valve prolapse									
Heart palpitations or skips									
Heart block on EKG									
Chest wall pain or ribs sore									
Head congestion									
Night sweats									
Exaggerated/worse hangover from alcohol									
Symptoms flare every 4wks									
Degree of disability									