

Personal Information

Date: _____

Name: _____ **Email:** _____

Address: _____

City / State / Zip _____

Home Phone: _____ **Alternate/Office Phone:** _____

Height: _____ **Weight:** _____ **Date diagnosed with Lyme's Disease:** _____

Diagnosed By (type of test): _____

Additional testing dates: _____

Did you confirm a tick-bite: _____ **Was a rash present:** _____

Were you treated with antibiotics for the tick bite and when: _____

Antibiotic name/dosage/duration: _____

Date of Last Doctor's Appointment: _____

Doctor's Information: Name: _____

Address: _____

Phone: _____ **Email:** _____

Describe your current Lyme's treatment program: _____

List all prescription medications you are currently taking: _____

List all vitamins, herbs and non-prescription product you are currently taking:

Other Medical Diagnosis/Health Problems: _____

Symptom Rating Form

Name: _____

Date: _____

Circle the number which best describes the severity experienced with 0 being non-existent and 5 being most severe.

Head, Face, Neck

- 0 1 2 3 4 5 Hair loss
- 0 1 2 3 4 5 Headache, mild or severe, seizures
- 0 1 2 3 4 5 Pressure in head
- 0 1 2 3 4 5 Twitching of facial or other muscles
- 0 1 2 3 4 5 Facial paralysis (Bell's Palsy)
- 0 1 2 3 4 5 Tingling of nose, (tip of) tongue, cheek or facial flushing
- 0 1 2 3 4 5 Stiff or painful neck
- 0 1 2 3 4 5 Jaw pain or stiffness
- 0 1 2 3 4 5 Dental problems (unexplained)
- 0 1 2 3 4 5 Sore throat, clearing throat a lot, phlegm, hoarseness, runny nose

Eyes/Vision

- 0 1 2 3 4 5 Double or blurry vision
- 0 1 2 3 4 5 Increased floating spots
- 0 1 2 3 4 5 Pain in eyes, or swelling around eyes
- 0 1 2 3 4 5 Oversensitivity to light
- 0 1 2 3 4 5 Flashing lights/Peripheral waves/phantom images in corner of eyes

Ears/Hearing

- 0 1 2 3 4 5 Decreased hearing in one or both ears, plugged ears
- 0 1 2 3 4 5 Buzzing in ears
- 0 1 2 3 4 5 Pain in ears, oversensitivity to sounds
- 0 1 2 3 4 5 Ringing in one or both ears

Digestive and Excretory Systems

- 0 1 2 3 4 5 Diarrhea
- 0 1 2 3 4 5 Constipation
- 0 1 2 3 4 5 Irritable bladder (trouble starting, stopping) or interstitial cystitis
- 0 1 2 3 4 5 Upset stomach (nausea or pain) or GERD (gastroesophageal reflux disease)

Musculoskeletal System

- 0 1 2 3 4 5 Bone pain, joint pain or swelling, carpal tunnel syndrome
- 0 1 2 3 4 5 Stiffness of joints, back, neck, tennis elbow
- 0 1 2 3 4 5 Muscle pain or cramps, (Fibromyalgia)

Respiratory and Circulatory Systems

- 0 1 2 3 4 5 Shortness of breath, can't get full/satisfying breath, cough
- 0 1 2 3 4 5 Chest pain or rib soreness
- 0 1 2 3 4 5 Night sweats or unexplained chills
- 0 1 2 3 4 5 Heart palpitations or extra beats
- 0 1 2 3 4 5 Endocarditis, Heart blockage

Neurologic System

- 0 1 2 3 4 5 Tremors or unexplained shaking
- 0 1 2 3 4 5 Burning or stabbing sensations in the body

- 0 1 2 3 4 5 Chronic Fatigue Syndrome, weakness, peripheral neuropathy or paralysis
- 0 1 2 3 4 5 Pressure in the head
- 0 1 2 3 4 5 Numbness in body, tingling, pinpricks
- 0 1 2 3 4 5 Poor balance, dizziness, difficulty walking
- 0 1 2 3 4 5 Increased motion sickness
- 0 1 2 3 4 5 Lightheadedness, wooziness

Psychological well-being

- 0 1 2 3 4 5 Mood swings, irritability, bi-polar disorder
- 0 1 2 3 4 5 Unusual depression
- 0 1 2 3 4 5 Disorientation (getting or feeling lost)
- 0 1 2 3 4 5 Feeling as if you are losing your mind
- 0 1 2 3 4 5 Over-emotional reactions, crying easily
- 0 1 2 3 4 5 Too much sleep, or insomnia
- 0 1 2 3 4 5 Difficulty falling or staying asleep
- 0 1 2 3 4 5 Narcolepsy, sleep apnea
- 0 1 2 3 4 5 Panic attacks, anxiety

Mental Capability

- 0 1 2 3 4 5 Memory loss (short or long term)
- 0 1 2 3 4 5 Confusion, difficulty in thinking
- 0 1 2 3 4 5 Difficulty with concentration or reading
- 0 1 2 3 4 5 Going to the wrong place
- 0 1 2 3 4 5 Speech difficulty (slurred or slow)
- 0 1 2 3 4 5 Stammering speech
- 0 1 2 3 4 5 Forgetting how to perform simple tasks

Reproduction and Sexuality

- 0 1 2 3 4 5 Loss of sex drive
- 0 1 2 3 4 5 Sexual dysfunction
- 0 1 2 3 4 5 Unexplained menstrual pain, irregularity
- 0 1 2 3 4 5 Unexplained breast pain, discharge
- 0 1 2 3 4 5 Testicular or pelvic pain

General Well-being

- 0 1 2 3 4 5 Unexplained weight gain
- 0 1 2 3 4 5 Unexplained weight loss
- 0 1 2 3 4 5 Extreme fatigue
- 0 1 2 3 4 5 Swollen glands/lymph nodes
- 0 1 2 3 4 5 Unexplained fevers (high or low grade)
- 0 1 2 3 4 5 Continual infections (sinus, kidney, eye, etc.)
- 0 1 2 3 4 5 Symptoms seem to change, come and go
- 0 1 2 3 4 5 Pain migrates (moves) to different body parts
- 0 1 2 3 4 5 Low body temperature
- 0 1 2 3 4 5 Allergies/Chemical sensitivities

Others not listed:

- 0 1 2 3 4 5 _____
- 0 1 2 3 4 5 _____
- 0 1 2 3 4 5 _____
- 0 1 2 3 4 5 _____
- 0 1 2 3 4 5 _____