PATIENT'S NAME:_____ **DOB:**_____ **DATE:** _____

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 specific organ systems and specific co-infections are clustered to clarify diagnoses and to better display multisystem involvement.

Have you had any of the following in relation to this illness? (Circle "NO" or "YES")

Tick bite NO YES "EM" rash (discrete circle) NO YES

Spotted rash over large area NO YES Linear, red streaks NO YES

CURRENT SEVERITY	CURRENT FREQUENCY					CURRENT FREQUENCY			
Symptom or sign	***None***	***Mild***	***Moderate***	***Severe***	***N/A***	***Never***	***Occasional***	***Often***	***Constant***
Anxiety, panic attacks									
Breathlessness, "air hunger"									
Chest wall pain or ribs sore									
Confusion, difficulty thinking									
Constipation									
Degree of disability									
Dental pain									
Diarrhea									
Difficulty with concentration, reading, problem absorbing new information									
Disorientation: getting lost, going to wrong places									
Ear pain									
Erectile dysfunction									
Exaggerated symptoms or worse hangover from alcohol									
Excessive night time sleep									
Facial paralysis- Bell's Palsy									
Fatigue, tired, poor stamina									
Fevers									
Forgetfulness, poor short term memory, poor attention									
Head congestion									
Headache									
Hearing: buzzing, ringing, decreased hearing									
"Heart block" on EKG									
Heart murmur or valve prolapse									
Heart palpitations or skips									
Heartburn, stomach pain									
Increased motion sickness, vertigo, spinning									
Insomnia, fractionated sleep, early awakening									
Irritable bladder or bladder dysfunction									
Joint Pain:									
Ankles, wrists									
Fingers, toes									
Hips, elbows									
Hips, Shoulders									

CURRENT SEVERITY	CURRENT FREQUENCY					CURRENT FREQUENCY			
Symptom or sign	***None***	***Mild***	***Moderate***	***Severe***	***N/A***	***Never***	***Occasional***	***Often***	***Constant***
Joint Swelling:									
Ankles, wrists									
Fingers, toes									
Hips, elbows									
Hips, Shoulders									
Light sensitivity									
Lightheadedness, wooziness, unavoidable need to sit or lie									
Loss of libido									
Low abdominal pain, cramps									
Mood swings, irritability, depression									
Muscle pain or cramps									
Napping during the day									
Neck creaks and cracks, stiffness, neck pain									
Night sweats									
Obvious muscle weakness									
Off balance, “tippy” feeling									
Pain in genital area									
Persistent swollen glans									
Psychosis (hallucinations, delusions, paranoia, bipolar)									
Queasy stomach or nausea									
Seizures									
Sore soles, esp. in the am									
Sore throat									
Sound sensitivity									
Speech errors-wrong word, misspeaking									
Stiffness of the joints or back									
Symptom flares every 4 weeks									
Tingling, numbness, burning or stabbing sensations, shooting pains, skin hypersensitivity									
Tremor									
Twitching of the face or other muscles									
Unexplained back pain									
Unexplained chronic cough									
Unexplained hair loss									
Unexplained menstrual irregularity									
Unexplained milk production; breast pain									
Unexplained weight gain									
Unexplained weight loss									
Vision: double, blurry, floaters									
Word search, name block									