

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

SYMPTOMS	LEVEL OF SEVERITY				CURRENT FREQUENCY			
	None	Mild (2-4)/10	Moderate (5-7)/10	Severe (8-10)/10	Never	Occasional 1-3 days/wk	Often 3-5 days/wk	Constant 4-7 days/wk
CARDIOVASCULAR								
"Heart block" on EKG								
Heart murmur or valve prolapse								
Heart palpitations or skips								
ENERGY								
Fatigue, tired, poor stamina								
Sore soles, especially in the am								
GASTROINTESTINAL								
Constipation								
Diarrhea								
Heartburn, stomach pain, gerd								
Low abdominal pain, cramps								
Queasy stomach or nausea								
Unexplained weight gain								
Unexplained weight loss								
LIFE STRESS INDEX								
Erectile dysfunction								
NEUROCOGNITIVE								
Confusion, difficulty thinking								
Difficulty with concentration, reading, problem absorbing new information								
Disorientation: getting lost, going to wrong places								
Forgetfulness, poor short term memory, poor attention								
Speech errors-wrong word, misspeaking								
Word search, name block								
NEUROLOGIC								
Light sensitivity								
Facial paralysis - Bell's Palsy								
Hearing: buzzing, ringing, decreased hearing								
Lightheadedness, wooziness, unavoidable need to sit or lie								
Obvious muscle weakness								
Seizures								
Sound sensitivity								

SYMPTOMS	LEVEL OF SEVERITY				CURRENT FREQUENCY			
Tingling, numbness, burning or stabbing sensations, shooting pains skin hypersensitivity								
Twitching of the face or other muscles								
OTHER SYMPTOMS	<i>None</i>	<i>Mild (2-4)/10</i>	<i>Moderate (5-7)/10</i>	<i>Severe (8-10)/10</i>	<i>Never</i>	<i>Occasional 1-3 days/wk</i>	<i>Often 3-5 days/wk</i>	<i>Constant 4-7 days/wk</i>
Fevers								
Head congestion								
Increased motion sickness, vertigo, spinning								
Persistent swollen glands								
Sore throat								
Tremor								
Unexplained chronic cough								
Unexplained hair loss								
Unexplained menstrual irregularity								
Unexplained milk production, breast pain								
Vision: double, blurry, floaters								
PAIN	<i>None</i>	<i>Mild (2-4)/10</i>	<i>Moderate (5-7)/10</i>	<i>Severe (8-10)/10</i>	<i>Never</i>	<i>Occasional 1-3 days/wk</i>	<i>Often 3-5 days/wk</i>	<i>Constant 4-7 days/wk</i>
Chest wall pain or ribs sore								
Dental pain								
Ear pain								
Headache								
Migraine								
Joint Pain:								
Ankles, wrists								
Fingers, toes								
Hips, elbows								
Hips, Shoulders								
Joint Swelling:								
Ankles, wrists								
Fingers, toes								
Hips, elbows								
Hips, Shoulders								
Muscle pain or cramps								
Neck creaks and cracks, stiffness, neck pain								
Pain in genital area								
Stiffness of the joints or back								
Unexplained back pain								
PSYCHOLOGICAL STRESS INDEX	<i>None</i>	<i>Mild (2-4)/10</i>	<i>Moderate (5-7)/10</i>	<i>Severe (8-10)/10</i>	<i>Never</i>	<i>Occasional 1-3 days/wk</i>	<i>Often 3-5 days/wk</i>	<i>Constant 4-7 days/wk</i>
Anxiety, panic attacks								
Loss of libido								
Mood swings, irritability, depression								
Off balance, "tippy" feeling								
Psychosis (hallucinations, delusions, paranoia, bipolar)								
SLEEP	<i>None</i>	<i>Mild (2-4)/10</i>	<i>Moderate (5-7)/10</i>	<i>Severe (8-10)/10</i>	<i>Never</i>	<i>Occasional 1-3 days/wk</i>	<i>Often 3-5 days/wk</i>	<i>Constant 4-7 days/wk</i>
Excessive night time sleep								
Insomnia, fractionated sleep, early awakening								
Napping during the day								
Night sweats								