



Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section A**

Do you remember being bitten by a tick? \_\_\_ Yes \_\_\_ No. If yes, when? \_\_\_\_\_

Do you remember having the "bull's eye" rash? \_\_\_ Yes \_\_\_ No

Do you have any other rash? \_\_\_ Yes \_\_\_ No. If yes, describe: \_\_\_\_\_

*Please Check all "Yes" Answers:*

- \_\_\_ Spend time in Tick-infested area
- \_\_\_ Frequent outdoor activities
- \_\_\_ Hiking
- \_\_\_ Fishing
- \_\_\_ Camping
- \_\_\_ Gardening
- \_\_\_ Hunting
- \_\_\_ Ticks noted on pets

**Section B:**

*Please check which symptoms you have experienced:*

- Unexplained fevers, night or day sweats, chills
- Unexplained weight change (loss or gain)
- Fatigue, tiredness, poor stamina
- Unexplained hair loss
- Swollen glands (list areas \_\_\_\_\_)
- Sore throat
- Testicular pain/pelvic pain
- Unexplained menstrual irregularity
- Unexplained milk production; breast pain
- Irritable bladder or bladder dysfunction
- Sexual dysfunction or loss of libido
- Upset stomach
- Change in bowel function (constipation, diarrhea)
- Chest pain or rib soreness
- Shortness of breath, cough
- Heart palpitations, pulse skips, heart block
- Any history of a heart murmur or valve prolapse
- Joint pain or swelling (list joints \_\_\_\_\_)
- Stiffness of the joints (ie. neck, back)
- Muscle pain or cramps
- Twitching of the face or other muscles
- Headache
- Neck creaking and cracking, neck stiffness, neck pain
- Tingling, numbness, burning/stabbing sensation, shooting pains
- Facial paralysis (Bell's palsy)
- Eyes/Vision: double, blurry, increased floaters, light sensitivity
- Ears/Hearing: buzzing, ringing, ear pain, sound sensitivity
- Increased motion sickness, vertigo, poor balance
- Lightheadedness, wooziness
- Tremor
- Confusion, difficulty in thinking
- Difficulty with concentration, reading
- Forgetfulness, poor short-term memory
- Disorientation: getting lost going to wrong places
- Difficulty with speech, vocalization, or writing; word block
- Mood swings, irritability, depression
- Disturbed sleep-too much, too little, fractionated, early awakening
- Exaggerated symptoms or worse hangover from alcohol

Total: \_\_\_\_\_ / 38

**Section C:**

- |   |  |
|---|--|
| <input type="checkbox"/> High fever and chills at the onset symptoms. | <input type="checkbox"/> Cough                             |
| <input type="checkbox"/> Night sweats                                 | <input type="checkbox"/> Persistent migraine-like headache |
| <input type="checkbox"/> Air hunger                                   | <input type="checkbox"/> Sense of imbalance                |
|   | <input type="checkbox"/> Fatigue                           |

Total: \_\_\_\_ / 7

**Section D:**

- |  |   |
|--|---|
| <input type="checkbox"/> Neurological symptoms more severe than other symptoms | <input type="checkbox"/> Lower abdominal pain             |
| <input type="checkbox"/> Agitation   | <input type="checkbox"/> Sore soles                       |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Sore soles worst in morning      |
| <input type="checkbox"/> Insomnia  | <input type="checkbox"/> Red rashes                       |
| <input type="checkbox"/> Seizures  | <input type="checkbox"/> Red streaking like stretch marks |
| <input type="checkbox"/> Difficulty with mental processing                     | <input type="checkbox"/> Lymph nodes enlarged             |
|  | <input type="checkbox"/> Sore throat                      |

Total: \_\_\_\_ / 13

**Section E:**

- |   |   |
|---|---|
| <input type="checkbox"/> High Fever       | <input type="checkbox"/> Shooting pains   |
| <input type="checkbox"/> Severe Headache  | <input type="checkbox"/> Abnormalities in liver function, white blood cells, or platelets |
| <input type="checkbox"/> Chronic headache |   |
| <input type="checkbox"/> Muscle symptoms  |   |

Total: \_\_\_\_ / 6

**Section F:**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Fatigue     | <input type="checkbox"/> Difficulty with mental processing |
| <input type="checkbox"/> Joint Pain  | <input type="checkbox"/> High fever                        |
| <input type="checkbox"/> Muscle pain |  |

Total: \_\_\_\_ / 5

**Section G:**

- |  |  |
|--|--|
| <input type="checkbox"/> Dark spotted rash | <input type="checkbox"/> Headache          |
| <input type="checkbox"/> Chills            | <input type="checkbox"/> Muscle Ache       |
| <input type="checkbox"/> High fever        | <input type="checkbox"/> Light sensitivity |
| <input type="checkbox"/> "Brain Fog"       |  |

Total: \_\_\_\_ / 7

**Sources:**

- Burrascano, Joseph. Managing Lyme Disease, 15th ed. September 2005.
- Burrascano, Joseph. Advanced Topics in Lyme Disease: Diagnostic Hints and Treatment Guidelines for Lyme and Other Tick Borne Illnesses, 13th ed. May 2000.
- Singleton, Kenneth M.D. "The Lyme Disease Solution." 2008.