PATIENT'S NAME:				_DOB:_			DATE:		
<u>CHECK LIST OF CURRENT SYMPTOMS</u> : This is not meant to be Note the format- complaints referable to specific organ systems multisystem involvement.									
Have you had any of the following in relation to this illr	iess? (Circle	e "NO" or "	YES")					
Tick bite NO YES	"EM"	rash (discrete ciro	cle)		NO	YES		
Spotted rash over large area NO YES	Linear, red streaks					NO YES			
SYMPTOMS	LEVEL OF SEVERITY				CURRENT FREQUENCY			ENCY	
CARDIOVASCULAR	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
"Heart block" on EKG									
Heart murmur or valve prolapse									
Heart palpitations or skips									
ENERGY	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
Fatigue, tired, poor stamina									
Sore soles, especially in the am									
GASTROINSTESTINAL	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
Constipation					, í			,	
Diarrhea									
Heartburn, stomach pain, gerd									
Low abdominal pain, cramps									
Queasy stomach or nausea									
Unexplained weight gain									<u> </u>
	_								
Unexplained weight loss <i>LIFE STRESS INDEX</i>	None	Mild	Moderate	Sovoro	N/A	Novor	Occasional	Often	Constant
Erectile dysfunction	None	Milu	mouerute	Severe	N/A	IVEVEI	Occusional	Ojten	Constant
NEUROCOGNITIVE	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
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	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
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									
Tingling, numbness, burning or stabbing sensations, shooting pains skin hypersensitivity									
Twitching of the face or other muscles						1			
OTHER SYMPTOMS	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
Fevers						1			
Head congestion		1				1			
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SYMPTOMS	LEVEL OF SEVERITY				CURRENT FREQUENCY				
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	N	14:14	Madamata	6	NI / A	N7	0	0.0	Constant
PAIN	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
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	None	Mild	Moderate	Couoro	N/ / A	Never	Occasional	Often	Constant
	None	Milla	mouerute	Severe	N/A	Never	Occusionui	Ojten	constant
Anxiety, panic attacks									
Loss of libido Mood swings, irritability, depression									
Off balance, "tippy" feeling									
Psychosis (hallucinations, delusions, paranoia, bipolar)									
SLEEP	None	Mild	Moderate	Severe	N/A	Never	Occasional	Often	Constant
Excessive night time sleep									
Insomnia, fractionated sleep, early awakening									
Napping during the day Night sweats									
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