Lyme Resource Medical, PC

Patient Medical History & Symptom Information

| *Name* |_____| *D.O.B.* |_____| *Age* |_____|

| *Address* |_____|

|_____| SS# |_____|

| *Home #* |_____| *Cell #* |_____|

| *Occupation* |_____| *Education [highest level]* |_____|

| *Employer* |_____| *Phone* |_____|

| *Address* |_____|

|_____|

| *Marital Status* | ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widowed*

| *Spouse's Name* |_____|

| *Occupation* |_____| *Phone* |_____|

| *Pharmacy* |_____| *Phone* |_____|

As a courtesy to our allergy patients, please refrain from wearing perfume, cologne, or any scented deodorants or hair products, etc. while visiting the office.

... Thank you for your cooperation ...

| *Referred by* |_____|

History of Present Illness

Please list the significant symptoms for which you are seeking help:

Give a brief history of these problems. Approximately how long have they been present?

Have you received any treatment for the above problems? (If so, it would be helpful if you could list any of your physicians, their specialties, or treatment procedures.):

Have you ever been hospitalized for any illnesses?

	Date
	Date
	Date
	Date

Are there any past medical problems for which you have been treated?

Medications presently in use and/or the treatment used in past 6 months:

Name of medication		Name of medication
☐ Antacid		☐ For heart disease
☐ Antibiotic		☐ For cholesterol
☐ Antispasmodic		☐ For cancer
☐ Laxative/cathartics		☐ For tuberculosis
☐ Antihistamine		☐ Cough/cold medication
☐ Muscle relaxant		☐ For ulcers
☐ Tranquilizer		☐ For liver
☐ Nasal decongestant		☐ For thyroid
☐ Pain pill/analgesic		☐ For blood pressure
☐ Aspirin		☐ Cortisone
☐ Anticonvulsant		☐ Contraceptive pill
☐ B-12 injection		☐ Anti-inflammatory
☐ Steroids		☐ Hormone pill
☐ Sedative		☐ Asthma medication
☐ Sleeping pill		☐ Potassium chloride
☐ Antidepressant		☐ For hypoglycemia
☐ Stimulant		☐ Chemotherapy
☐ Diet/weight pill		☐ Radiation
☐ Water pill/diuretics		☐ Other

Vitamins and other supplements presently used:

Comments:

Family History

Father:

| *If deceased, age at death* |

| *Cause of death* |

| *If alive, age* |

Mother:

| *If deceased, age at death* |

| *Cause of death* |

| *If alive, age* |

Brother(s):

| *Age(s)* |

Sister(s):

| *Age(s)* |

Family Illnesses (mark P for parents, GP for grandparents, and S for sibling):

| *Allergies* |
| *Psoriasis* |
| *Eczema* |
| *Bronchitis* |
| *Obesity* |
| *Asthma* |
| *Thyroid* |
☐ *High* ☐ *Low*
| *Alcoholism* |
| *Stroke* |
| *Heart attack* |
| *High blood pressure* |
| *Ulcerative colitis* |
| *Chron's disease* |

| *Cancer* |
| *Hypoglycemia* |

| *Diabetes* |
| Chronic headaches |
| Severe migraine |
| Drug addiction |
| Excessive medication |
| Epilepsy |
| Violent episodes |

| Arthritis |
| Gout |
| Rheumatism |
| Nervousness |
| Depression |
| *Mental breakdown (with hospitalization)* |
| *Schizophrenia* |
| *Other* |

Psychological Stress Index

1. ☐ *Frequently keyed up and jittery*
   - ☐ *Never* ☐ *Sometimes* ☐ *Always*
2. ☐ *Extremely shy or sensitive; uncomfortable with strangers or new situations*
3. ☐ *Misunderstood by others*
   - ☐ *Never* ☐ *Sometimes* ☐ *Always*
4. ☐ *Feelings of hostility and anger on many occasions.*
   - ☐ *Never* ☐ *Sometimes* ☐ *Always*
5. ☐ *Consistent irritability*
   - ☐ *Never* ☐ *Sometimes* ☐ *Always*
6. ☐ *Unable to perform work*
   - ☐ *At home* ☐ *On the job*
7. ☐ *Addiction difficulties*
   - ☐ *Illicit drugs* ☐ *Prescription drugs* ☐ *Alcohol* ☐ *Food* ☐ *Past* ☐ *Present*
8. ☐ Family difficulties
   - ☐ *With spouse* ☐ *Parent* ☐ *Children* ☐ *Other* |_____|
   - ☐ *Past* ☐ *Present*
9. ☐ *Depression*
   - ☐ *Sadness* ☐ *Cry easily* ☐ *Disappointment* ☐ *Self blame* ☐ *Suicidal thoughts*
   - ☐ *Get up early, insomnia* ☐ *No appetite*

Life Stress Index

1. ☐ *Death of spouse*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
2. ☐ *Death of child*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
3. ☐ *Divorce*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
4. ☐ *Jail*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
5. ☐ *Death of family member or close friend*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
6. ☐ *Personal injury*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*
7. ☐ *Marriage*
   - ☐ *Last six months* ☐ *Within Lifetime* ☐ *In Near Future*

8. ☐ Loss of employment
   ☐ Last six months ☐ Within Lifetime ☐ In Near Future
9. ☐ Pregnancy
   ☐ Last six months ☐ Within Lifetime ☐ In Near Future
10. ☐ Sexual difficulties
   ☐ Last six months ☐ Within Lifetime ☐ In Near Future
11. ☐ Financial reversal/gains
   ☐ Last six months ☐ Within Lifetime ☐ In Near Future

Sleep:

☐ Muscle twitching
☐ Awake tired
☐ Insomnia
☐ Narcolepsy
☐ Snoring
☐ Very light
☐ Heavy
☐ Difficult to fall off to sleep
☐ Difficult to stay asleep
☐ Restless
☐ Disturbing dreams
☐ Dreamless
☐ Frequent wakening
☐ Medication |_____|

Energy:

☐ Low | ☐ Constant ☐ Intermittent
☐ High
☐ Exhaustion, not refreshed by sleep
☐ Fatigue | ☐ During ☐ After exercise
☐ Listless mental/physical
☐ Lack of drive | ☐ Recent ☐ Always
☐ Listless | ☐ During ☐ After Exercise
☐ Other |_____|

Cravings:

☐ Water
☐ Sweets and chocolate
☐ Coffee or tea
☐ Bread
☐ Alcohol
☐ Tobacco
☐ Salt
☐ Sugar
☐ Other |_____|

Favorite foods:

|_____|

|_____|

|_____|

|_____|

Comments:

|_____|

|_____|

|_____|

Smoking:

☐ *Yes; how much?* |_____|

☐ *No*

Alcohol:

☐ *Yes; how frequent?* | ☐ *Daily, quantity* |_____| ☐ *Weekly*

☐ *Social drinking (monthly or less)* ☐ *Only with meals*

☐ *Only on weekends*

☐ *Wine* ☐ *Beer* ☐ *Spirits*

☐ *No*

☐ *Treatment for drinking problem* | ☐ *Past* ☐ *Present*

Comments:

|_____|

|_____|

|_____|

Activity and Exercise:

☐ *Sedentary lifestyle*

| *Describe* |_____|

☐ *Walking*

| *Describe* |_____|

☐ *Gym*

| *Describe* |_____|

☐ Sports

| Describe |_____|

Comments:

|_____|

|_____|

|_____|

History of Weight Problem (Record in space provided how long):

☐ Gain and/or lose at least 3-4lbs in one day

☐ Weight control needed constantly

☐ Difficult to control despite calorie counting

☐ Compulsive eat (specially under emotionally stressful situations)

☐ Underweight always

☐ Overweight always (as child, adolescent, adult)

☐ Cholesterol problems. On medication

☐ Bulimia (secretive; have had treatment)

☐ Anorexia (hospitalized)

☐ Fluid relation

☐ Frequent dieting

☐ Frequent snacking

☐ Other |_____|

Allergies:

☐ Animals

☐ Pollens

☐ Molds

☐ Aerosois

☐ Perfumes

☐ Air conditioning

☐ Auto exhaust

☐ Industrial Chemical

☐ Foods

☐ Sugar

☐ Wine and alcohol

☐ Food addictive

☐ Milk products

☐ Antibiotics

☐ Aspirin

☐ Asthma

☐ Allergic Rhinitis

☐ Urticaria (hives)

☐ Conjuctivitis

☐ Other |_____|

Allergy Symptoms:

| Have you been previous tested and treated? |_____|

| Shot |_____| How long? |_____|

| Physician |_____|

| Is your allergy condition | ☐ Constant ☐ Seasonal ☐ Only indoors ☐ Only outdoors

☐ Both indoors and outdoors ☐ Food related ☐ Immediately after meals

☐ Delayed up to 24 hours

| Is there one worse season? |_____|

Travel:

☐ Within USA and Canada
☐ Outside country
☐ Latin America/Mexico
☐ Far East
☐ Europe
☐ Africa

| Symptoms | ☐ Fevers ☐ Parasites ☐ Diarrhea ☐ Other |_____|

Headaches (Record the length of time you have had these symptoms in the space provided):

☐ Relieved by | ☐ Aspirin ☐ Tylenol ☐ Advil ☐ Fiorinal
☐ Recurring
☐ Front headache
☐ Eyes ache
☐ Back of head and neck
☐ Migraine
☐ With nausea
☐ After stress (argument, etc.)
☐ After food
☐ Temples ache
☐ Exposed to molds, pollens, chemicals

Hypothyroid Syndrome:

☐ Increase in weight
☐ Decreased appetite
☐ Fatigue easily
☐ Mental sluggishness
☐ Hair coarse, falls out
☐ Headaches upon arising, wear off during day

- ☐ Ringing in ears
- ☐ Sleepy during day
- ☐ Sensitive to cold
- ☐ Dry or scaly skin
- ☐ Constipation
- ☐ Slow pulse, below 65
- ☐ Frequency of urination
- ☐ Impaired hearing
- ☐ Reduced initiative
- ☐ Failing memory

Hypoadrenal Syndrome:

- ☐ *Weakness, dizziness*
- ☐ *Chronic fatigue*
- ☐ *Low blood pressure*
- ☐ *Nails weak, ridges in nails*
- ☐ *Tendency to hives*
- ☐ *Arthritis tendencies*
- ☐ *Intestinal trouble*
- ☐ *Circulation poor*
- ☐ *Kidney trouble (edema)*
- ☐ *Crave salt*
- ☐ *Brown spots or bronzing of skin*
- ☐ *Allergies, tendency to asthma*
- ☐ *Weakness after colds, influenza*
- ☐ *Exhaustion, muscular and nervous*
- ☐ *Respiratory disorders*
- ☐ *Legs feel tired*

Hypoglycemia Syndrome:

- ☐ *Inward trembling*
- ☐ *Irritable before meals*
- ☐ *Sweating spells*
- ☐ *Craving for sweets*
- ☐ *Can not get started in the morning, need coffee*
- ☐ *Drink |_..._..._..._| cups of coffee daily*
- ☐ *Eat often or get hunger pains or faintness*
- ☐ *Eat when nervous*
- ☐ *Eating relieves fatigue and tiredness*
- ☐ *Faintness if meals delay*
- ☐ *Lack energy or energy drive*
- ☐ *Insomnia*
- ☐ *Moods of depression, blues, melancholy*
- ☐ *Chronic fatigue*
- ☐ *Crave coffee or candy in the afternoon*
- ☐ *Cry easily for no reason*
- ☐ *Get shaky if hungry*
- ☐ *Heart palpitations*
- ☐ *Highly emotional*
- ☐ *Sleepy during the day*
- ☐ *Sleepy after meals*

Candida Syndrome:

- ☐ *History of antibiotics*
- ☐ *History of birth control pills*
- ☐ *History of steroids (for asthma)*
- ☐ *History of athlete's foot, ringworm*
- ☐ *Prostatitis, impotence*
- ☐ *P.M.S*
- ☐ *Endometriosis*
- ☐ *Decrease sexual drive/desire*

- ☐ *Fatigue/lethargy*
- ☐ *Poor memory*
- ☐ *Spacey*
- ☐ *Abdominal pain, constipation*
- ☐ *Bloating*
- ☐ *Vaginal discharge*
- ☐ *Drowsiness*
- ☐ *Irritability, mood swings*
- ☐ *Headache*
- ☐ *Poor concentration*
- ☐ *Depression*

Basal Temperature Test

*Because the best time for the test is immediately upon awakening, shake down a thermometer and place it on the bedside table before going to bed. Immediately upon awaken place the thermometer snugly in the armpit for **10 minutes**, by the clock. Women should begin the test on the second day of menstrual flow. In young children, **temperature should be recorded for seven days**.*

	1	2	3	4	5	6	7
99.6	☐	☐	☐	☐	☐	☐	☐
99.4	☐	☐	☐	☐	☐	☐	☐
99.2	☐	☐	☐	☐	☐	☐	☐
99.0	☐	☐	☐	☐	☐	☐	☐
98.8	☐	☐	☐	☐	☐	☐	☐
98.6	☐	☐	☐	☐	☐	☐	☐
98.4	☐	☐	☐	☐	☐	☐	☐
98.2	☐	☐	☐	☐	☐	☐	☐
98.0	☐	☐	☐	☐	☐	☐	☐
97.8	☐	☐	☐	☐	☐	☐	☐
97.6	☐	☐	☐	☐	☐	☐	☐
97.4	☐	☐	☐	☐	☐	☐	☐
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