



Name:

Date:

### Lyme Disease Supplemental Intake Form

*This is not meant to be used as a diagnostic tool but is provided to streamline the office interview.*

**Risk:** (Please check all that apply)

- Tick Infested Area?      Frequent Outdoor Activities?      Hiking?      Fishing?      Camping?  
 Gardening?      Hunting?      Farming?      Ticks on Pets?  
 Do you remember a tick bite?      Yes      No      When:  
 Do you remember a "bull's-eye" rash?      Yes      No      When:  
 Other Rash?      Yes      No      When:  
 Have you received the Lymerix vaccine?      Yes      No      When:

**Please rate the following in severity from 0 = none to 10 = worst.**

Symptom	Past	Now
Unexplained fevers, sweats, chills, flu-like		Joint pain or swelling. List joints:
Tingling, numbness		
Burning, stabbing pain		
Neck pain or stiffness		
Fatigue		Muscle pain or cramping. List muscles:
Sore throat		
Muscle twitching		
Tremors		
Facial paralysis (Bell's palsy)		Headaches. List where:
Blurry or double vision, difficulty reading		
Eye pain		
Testicular pain		
Lightheadedness, dizziness, vertigo		Swollen glands. List Where:
Poor balance		
Difficulty walking		
Brain fog, poor memory/concentration, confusion		
Difficulty with speech or writing		<b>Symptom</b>
Disorientation: getting lost		Heart palpitations, flutter, skipped beats
Sleep problems		Night Sweats
Depression, anxiety, mood swings		Sole Pain (bottoms of feet)
Symptoms worse after exertion or alcohol use		Cough
Chest pain		Other:
Air hunger, shortness of breath		Rate your overall health 0-100%