



Mass Functional Medicine, PC — Lyme Screening Questionnaire

Thank you for your interest in Mass Functional Medicine. Please fill out this Lyme screening questionnaire to the best of your ability. If you are not sure about an answer, but have experienced what is described at one time, check the box. Fax your completed questionnaire to Fax: (845) 623-0049. One of our staff will respond to discuss how we might help. If you have not received a response within one week, please call the office at Tel: (845) 623-0047.

PATIENT INFORMATION

Name: _____ Email: _____

Date of Birth: _____ Sex: ☐ M ☐ F

Date Completed: _____ Phone: _____

PAST MEDICAL HISTORY

- ☐ Diabetes
- ☐ Thyroid disorder
- ☐ Lyme disease
- ☐ _____
- ☐ _____
- ☐ _____

PAST FAMILY HISTORY

- ☐ Crohn's disease, Ulcerative colitis, celiac disease, diabetes type I?
- ☐ Lyme disease?
- ☐ _____

PAST SURGICAL HISTORY

- ☐ _____
- ☐ _____

ALLERGY

- ☐ _____
- ☐ _____

CURRENT MEDICATIONS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

PREVIOUS DIAGNOSES

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

PREVIOUS BLOOD TEST RESULTS

- ☐ Positive Lyme disease test or other tick-borne disease?
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

EXPOSURE & RISK HISTORY

- ☐ History of tick bite?
- ☐ History of bull's eye rash?
- ☐ Do you or did you live in tick-endemic area?
- ☐ Do you or did hike, camp, hunt or garden ?

CONSTITUTIONAL SYMPTOMS

- ☐ Fatigue?
- ☐ Is your fatigue fluctuation without a known reason?
- ☐ fluctuating or low grade fever?
- ☐ Unexplained weight gain?
- ☐ Unexplained weight loss?
- ☐ Loss of appetite?
- ☐ Chills?
- ☐ Unexplained sweats?
- ☐ Unexplained night sweats?
- ☐ Hot flashes?

SLEEP DISORDER

- ☐ Difficulty falling asleep?
- ☐ Difficulty falling asleep?
- ☐ Snoring?
- ☐ Morning dry mouth?

MUSCULO-SKELETAL SYMPTOMS

- ☐ Back pain?
- ☐ Migratory Joint pain? (in different places at different times)
- ☐ Is the pain always on both sides at the same time?
- ☐ Is the pain always caused by motion or position or effort?
- ☐ Joint swelling?
- ☐ Stiffness of the neck?
- ☐ Stiffness of back?
- ☐ Morning stiffness?
- ☐ Morning foot pain?
- ☐ Deep limb pain?
- ☐ Neck pain?
- ☐ Shoulder pain ?
- ☐ Elbow pain ?
- ☐ Wrist pain ?

- ☐ Finger pain ?
- ☐ Hip pain ?
- ☐ Knee pain ?
- ☐ Ankle pain ?
- ☐ Toe pain ?
- ☐ Arm pain ?
- ☐ Forearm pain ?
- ☐ Thigh pain ?
- ☐ Leg pain ?
- ☐ Foot pain ?

NEUROLOGICAL SYMPTOMS

- ☐ Headaches?
- ☐ Are your headaches like a pressure or squeezing?
- ☐ Are your headaches associated with light sensitivity
- ☐ Are your headaches associated with neck stiffness?
- ☐ Numbness?
- ☐ Burning pain?
- ☐ Pins and needles?
- ☐ Twitching?
- ☐ Tremor?
- ☐ Involuntary movements?
- ☐ Stabbing pain?
- ☐ Muscle weakness upper limbs?
- ☐ Muscle weakness lower limbs?
- ☐ Facial numbness?
- ☐ Facial pain?
- ☐ Hearing impairment?
- ☐ Buzzing, ring sound?
- ☐ Tremor?
- ☐ Dizziness?
- ☐ Lightheadedness?
- ☐ Poor balance?

- ☐ Hypersensitivity to light?
- ☐ Hypersensitivity to noise?
- ☐ hypersensitivity to touch?
- ☐ Hypersensitivity to smell?
- ☐ Hypersensitivity to taste?

AUTONOMIC NERVOUS SYSTEM DISORDER SYMPTOMS

- ☐ Dizziness on standing up?

COGNITIVE DISORDER SYMPTOMS

- ☐ Brain fog?
- ☐ Difficulty focusing?
- ☐ Difficulty finding words?
- ☐ Difficulty remembering?
- ☐ Deterioration in school or job performances?

MOOD & BEHAVIORAL SYMPTOMS

- ☐ Anxiety?
- ☐ Panic attack?
- ☐ Depression?
- ☐ Suicidal ideation?
- ☐ Mood swings?
- ☐ OCD
- ☐ Eating disorder?
- ☐ Age regression?
- ☐ Deterioration of hand writing?
- ☐ Tics?
- ☐ Bedwetting after being dry?
- ☐ Paranoid thoughts?
- ☐ Intrusive thoughts?
- ☐ Hallucination?
- ☐ Night terrors?

- ☐ Aggressiveness?
- ☐ Irritability?
- ☐ Tamper tantrum?
- ☐ Violence with siblings?
- ☐ Change of personality?
- ☐ Oppositional disorder?
- ☐ Hyperactivity?
- ☐ Social withdrawal?
- ☐ Is any of the above symptoms of sudden onset?
- ☐ Is any flare-up coinciding with an infection?

VISUAL SYMPTOMS

- ☐ Double vision?
- ☐ Dry eyes?
- ☐ Blurred vision?
- ☐ Cloudy vision?
- ☐ Pain when moving your eyes?

CARDIAC/ RESPIRATORY SYMPTOMS

- ☐ Shortness of breath?
- ☐ Difficulty filling up lungs?
- ☐ Wheezing?
- ☐ Cough?
- ☐ Blood in sputum?
- ☐ Chest pain?
- ☐ Heart beating fast or irregular?

SKIN SYMPTOMS

- ☐ Skin tightening skin thickening, hardening?
- ☐ Hair loss?
- ☐ Red or violet rashes?
- ☐ Skin rash
- ☐ Skin dryness
- ☐ Itching?
- ☐ Hives?

