e:			_,				Date:		
			Joseph Bu						
Board of D	virector	s, intern	ational Lym	e & Asso	ociate	ed Disea	ses Society		
CHECK LIST OF CURRENT	SYMPT	OMS: Th	is is not mear	nt to be us	sed as	s a diagno	nstic scheme I	out is	
provided to streamline the off	fice inter	view No	te the format	complair	nts ref	erable to	specific organ	svstems	
and specific co-infections are									
and opcome of imponent are	oldotol	ou to oluli	y alagilosso	and to be	ttor ar	opia, ma	ido y otorri irror	· omone.	
Have you had any of the folio	wing in	relation to	this illness?	(CIRCLE	"NO"	OR "YES	S")		
Tick bite		NY	"F	M" rash (discre	te circle)	ŃΥ		
Spotted rash over large area		NΥ	Lii	near, red	streak	S	NY		
_									
		CURREN	IT SEVERITY	,		Cl	JRRENT FRE	QUENCY	,
SYMPTOM OR SIGN	NONE	MILD	MODERATE	SEVERE	NA	NEVER	OCCASIONAL	OFTEN	CONSTAN
Persistent swollen glands									
Sore throat									
Fevers									
Sore soles, esp. in the AM									
Joint pain									
Fingers, toes									
Ankles, wrists									
Knees, elbows									
Hips, shoulders									
Joint swelling									
Fingers, toes									
Ankles, wrists									
Knees, elbows									
Hips, shoulders									
Unexplained back pain									
Stiffness of the joints or back									
Muscle pain or cramps									
Obvious muscle weakness									
Twitching of the face or other									
muscles									
Confusion, difficulty thinking									
Difficulty with concentration,									
reading, problem absorbing									
new information									
Word search, name block									
orgetfulness, poor short									
erm memory, poor attention									
Disorientation: getting lost,									
going to wrong places									
Speech errors- wrong word,									
misspeaking									
Mood swings, irritability,									
depression									
Anxiety, panic attacks									
Psychosis (hallucinations,									
		I		1 1	1	1	i .	ı	1
delusions, paranoia, bipolar)									

Seizures

Ear pain

Headache
Light sensitivity
Sound sensitivity
Vision: double, blurry,
floaters

Name:	Date:

	CURRENT SEVERITY				CURRENT FREQUENCY					
SYMPTOM OR SIGN	NONE	MILD	MODERATE	SEVERE	NA	NEVER	OCCASIONAL	OFTEN	CONSTANT	
Hearing: buzzing, ringing,										
decreased hearing					l					
Increased motion sickness,										
vertigo, spinning					l					
Off balance, "tippy" feeling										
Lightheadedness,										
wooziness, unavoidable					l					
need to sit or lie					l					
Tingling, numbness, burning										
or stabbing sensations,					l					
shooting pains, skin					l					
hypersensitivity					l					
Facial paralysis-Bell's Palsy										
Dental pain										
Neck creaks and cracks,										
stiffness, neck pain					l					
Fatigue, tired, poor stamina										
Insomnia, fractionated sleep,										
early awakening					l					
Excessive night time sleep										
Napping during the day										
Unexplained weight gain										
Unexplained weight loss										
Unexplained hair loss										
Pain in genital area										
Unexplained menstrual										
irregularity					l					
Unexplained milk production;										
breast pain					l					
Irritable bladder or bladder										
dysfunction					l					
Erectile dysfunction										
Loss of libido										
Queasy stomach or nausea										
Heartburn, stomach pain										
Constipation										
Diarrhea										
Low abdominal pain, cramps										
Heart murmur or valve										
prolapse?					l					
Heart palpitations or skips										
"Heart block" on EKG										
Chest wall pain or ribs sore										
Head congestion										
Breathlessness, "air hunger",					\vdash				 	
unexplained chronic cough										
Night sweats					\vdash				 	
Exaggerated symptoms or					-				 	
worse hangover from alcohol										
Symptom flares every 4 wks.									 	
Degree of disability	-				-				 	
Degree or disability	<u> </u>	L	<u> </u>		<u> </u>	ļ		ļ	L	