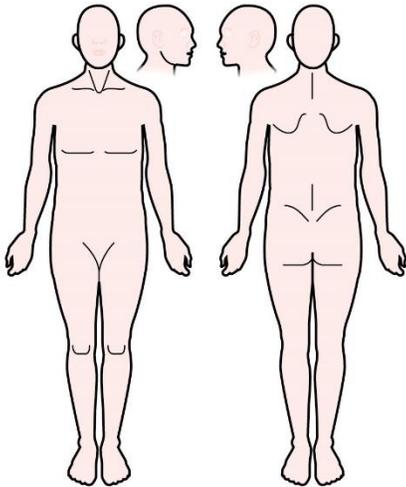


What is your MAIN condition?

What year did it begin?



Mark Any Areas You Have Symptoms with an "X"

What percentage of the time do you suffer your symptoms?

- 25% 50% 75% 90-100%

How bad do you consider your overall condition to be?

- Mild Moderate Severe

How well do you function in everyday life:

- 90-100% capacity
 70-90% capacity
 50-70% capacity
 30-50% capacity
 0-30% capacity

What activities does your health condition limit or prevent you from doing?

- Employment Duties
 Household Tasks
 Recreational Activities
 Marital Relations
 Exercise
 Social Engagements

Brain/ Nervous System Problems

- "Brain Fog" Poor Memory
 Depression Anxiety
 Confusion Panic Attacks
 Trouble Concentrating
 Mood Swings
 Uncharacteristically Emotional
 Nervous/Jittery Restless Leg
 Seizures/Epilepsy Tourette
 Attention Deficit/Hyperactivity
 Obsessive Compulsive Disorder
 Learning Disabilities
 Dyslexia Stuttering
 Difficulty Forming Words
 Visual Disturbances
 Phobias: _____
 Bipolar/Manic Depression
 Schizophrenia Hallucinations
 Eye "Floaters" or Spots
 Eye: Macular Degeneration
 Loss of Coordination
 Tremors Restless Leg
 Muscle Tics/Twitching/Spasms
 Bell's Palsy (facial paralysis)
 Dizziness/Vertigo/Meniere's
 Ringing of Ears (Tinnitus)
 Hearing Loss
 Post-Traumatic Stress (PTSD)

Numbness/Tingling Sensations:

- Head Face Hands Feet

Sensitivity to: Light Sound

- Smells Taste Touch
 Humidity Temperature
 Heat Cold

Headaches (Check ALL that apply)

- I've had them for _____ years
Frequency: Daily 4-5x/wk.
 2-3x/wk. 1x/wk. 2x/mth
 They start in my neck
 Felt behind my eye Forehead
 Right Side of Head Left Side
 Light makes them worse
 Headaches since spinal tap
 Worse during menstruation
 Pain since a physical trauma
 They are worse with stress
 I've had an MRI/CT Scan
 Diagnosed Migraines
 Diagnosed Occipital Neuralgia
 Medication helps
 Medication doesn't help
 They never go away
 Doctors cannot find any causes
 I've tried many drugs
My headaches feel better with:
 Cold/Ice Heat

Sleep & Energy Patterns

- Chronic Fatigue/Low Energy
 I wake up tired
 I rely on caffeine for "energy"
 Poor Quality Sleep
 Difficulty Staying Asleep
 Difficulty Falling Asleep
 Sleep Apnea Snoring
 I take sleep medication
 I take melatonin supplements
 I drink tap water (fluoridated)

Teeth, Jaw, Face:

- Jaw Pain (TMJ) Face Pain
 I grind my teeth
 I use a dental night guard
 Other metal dental appliance
 I have metal (amalgam) fillings
 I have had fillings removed
 I wear metal jewelry often
 I have dental implants
 I've had root canals

Skin/Hair/Nails:

- Nail Fungus Ringworm
- Eczema Psoriasis Warts
- Acne Rosacea Skin Cracks
- Herpes Cold Sores
- Loss of Skin Pigmentation
- Dandruff Thinning Hair
- Hair Loss in Patches (Alopecia)
- Nails Split Scars
- Other Skin Problems:

Other Medical Problems:

- Hearing Loss Ear Problems
- Frequent Sore Throat
- Catch Colds Often
- I suffer the flu each year
- Lesions of brain or spinal cord
- History of: Mononucleosis
 - Epstein Barr Virus
 - Shingles Herpes
- I have had chemotherapy
- Radiation Treatment
- Chronic Dry Mouth Eyes

Joint or Muscle Pain

- Joints "Creak & Crack"
- Neck Middle Back
- Lower Back Tail bone
- Sciatica (pain down leg)
- Hip (R L)
- Arm (R L)
- Shoulder (R L)
- Elbow (R L)
- Wrist/Hand (R L)
- Finger Numbness/Tingling
- Knee (R L)
- Thigh (R L)
- Lower Leg (R L)
- Foot/Ankle Pain (R L)
- Toe Pain Gout
- Osteoporosis
- I've had spinal surgery
- I receive chiropractic care

- I have a history of:** Falling
- Sports Injury Physical Abuse
 - Auto Collision Other Trauma

Allergies & Sensitivities

(Check ALL that Apply):

I am bothered by/sensitive to:

- Electromagnetic Frequencies (Computers, Phones, Wi-Fi etc.)
- Bug Bites (mosquitoes, ticks, fleas, flies, chiggers, bees, etc.)
- Weather/Barometric Pressure
- Fruits Dairy Wheat
- Other Grains: _____
- Nuts & Seeds Vegetables
- Beef Chicken Fish:
- Other Foods list): _____

- Grass & Weeds Trees
- Pollen Perfumes/Scents
- Cats Dogs Other Animals
- Mold & Mildew Dust
- I am sensitive to chemical odors
- Scented Candles, Potpourri
- I am sensitive to smoke
- I feel allergic to everything
- I break out in rashes

Treatments Tried:

- Allergy Medications Shots
- NAET Allergy Desensitization
- Elimination Diets
- I would really love allergy help

Lungs, Nose, Breathing

- Difficulty Breathing
- Frequent Bronchitis
- Loss of Taste or Smell
- I've had Pneumonia
- Frequent Sore Throat
- I cough a lot Laryngitis
- I get nose bleeds
- Deviated Septum
- Sensitive to odors/chemicals
- I catch colds easily
- I get the flu each year
- Pain upon breathing
- Asthma/Wheezing
- Chronic Sinusitis
- I use daily sinus medicine

- I have NOT been informed by previous doctors that chronic sinusitis is mostly an immune response to fungus, for which antibiotics should not be prescribed (Mayo Clinic Study, 1999)

Medications Tried:

- Asthmanex Xopenex
- Albuterol Flonase Flovent
- Nasonex Nasocort Advair

- I have NOT been informed by previous doctors that fungus problems can cause asthma

Female Problems

- PMS Painful Menstruation
- Hot Flashes Night Sweats
- Menstrual Irregularity
- I have gone through menopause
- Hysterectomy Have Ovaries
- Infertility Endometriosis
- Fibroids Ovarian Cyst
- Sex Drive Low None
- Sexual Dysfunction
- Pain during sex
- Candida Other Infection
- Sexually Transmitted Disease

Male Problems:

- Enlarged Prostate Cancer
- Testicular Pain
- Sex Drive Low None
- Erectile Dysfunction
 - I take Viagra Cialis
- Low Testosterone Infertility
- Sexually Transmitted Disease

Kidney & Urinary:

- Pain during urination
- Urinary Hesitancy Urgency
- Incontinence
- Wake to urinate at night often
- Need to push urine forcefully
- Blood in Urine
- Urinary/Bladder Infections
- History of Kidney Stones
- Other:

Gastrointestinal Problems

- Reflux/Heartburn (GERD)
- Frequent Stomach Aches
- I've had "stomach flu" (Norovirus)
- Excessive Belching Gas
- Chron's Disease
- Ulcerative Colitis
- Nausea/Vomiting
- Celiac Disease (Gluten)
- Constipation Diarrhea
- Irritable Bowel Syndrome
- Overweight Hemorrhoids
- Rectal Bleeding Appendicitis
- Gallbladder Problems
- I've had intestinal worms
- Gastric Bypass
- Trouble Gaining Weight
- I've been told I have a H. pylori bacteria problem
- Other:

Treatments I've tried:

- Nexium Prilosec Herbs
- Fecal Transplant Probiotics
- Over-the-Counter Drugs
- Gluten-Free Diet Other Diets

Cardiovascular System

- Heart Palpitations
- High Low Blood Pressure
- POTS (Postural Tachycardia Syndrome)/Dysautonomia
- Chest Pain Poor Circulation
- Heartbeat Rapid Slow
- Stroke Swollen Ankles
- Varicose Veins
- Arteriosclerosis
- Abdominal Aortic Aneurysm
- History of heart attack
- I've had heart surgery
- I have a pacemaker

Exercise Habits:

- I exercise: regularly rarely
- Weight Training Running
 - Other: I do not exercise due to pain and/or fatigue

Autoimmune Disorders:

- Psoriasis Vitiligo Lupus
- Rheumatoid Arthritis Celiac
- Sarcoidosis Sjögren's
- Multiple Sclerosis
- Hashimoto's Thyroiditis
- Graves (Hyperthyroid)
- Addison's Disease (Adrenal)
- Alopecia (Patchy Hair Loss)
- Type 1 Diabetes

Dietary Habits:

- I take Pro-biotic Supplements
- I drink plenty of water daily
- I do not drink much water
- I take nutritional supplements
- I skip meals often
- I need caffeine as a boost
- I use artificial sweeteners
- I consume a lot of sugar
- I drink alcohol often
- I drink soda often
- I don't eat many vegetables
- I make nutritional shakes
- I make fresh vegetable juice

Check the box next to Medical Diagnostic Tests you have had performed for your condition:

- X-rays MRI CT Scan
- Blood Tests: CD57 ELISA
- Lyme Western Blot IGenex
- Babesia Bartonella Ehrlichia
- Mycoplasma Viruses
- Needle EMG (Nerve Test)
- Bone Density Scan
- Ultrasound Spinal Tap
- Electro-Dermal Testing
- Zyto Scan Genetic Testing
- Muscle Testing (Kinesiology)
- "Live Blood" Microscopy
- Hair Mineral Analysis
- Saliva Testing Stool Analysis
- Gastrointestinal & Metabolic Panel
- Hormone Testing
- Allergy & Sensitivity Tests

Tick, Spider, Insect-Related

(Check ALL that Apply)

- I've had ticks on my body and/or bites in my lifetime
 - I have had an expanding red rash develop after a tick bite
 - A Western Blot Lyme disease blood test was positive (by CDC standards) Date: _____
 - "Inconclusive" Lyme tests
 - A previous doctor told me my blood tests ruled out Lyme disease
-
- Virginia law requires doctors to inform patients that Lyme disease cannot be ruled out exclusively by negative blood test results.*
- Previous doctors have **NOT** told me this

-
- I have an outdoor living CAT
 - I have a DOG
 - I swim in fresh water lakes
 - I've had a spider bite
 - I get lots of mosquito bites/itch

Endocrine/Glandular Problems:

- Hypothalamus Pituitary
 - Low Thyroid High Thyroid
 - I take: Synthroid (Levothyroxine)
 - Armour Nature Thyroid
 - Whole Glandular Supplements
 - High parathyroid hormone level
 - Adrenal "Burnout" Diabetes
 - I take bio-identical hormones
-
- Low Vitamin D Level
 - I Take Vitamin D Supplements
 - International Units/Day:
 - 1,000 or less 5,000 7,000+
 - I rarely get sunlight exposure
 - I get regular sunlight exposure
 - I frequently use sunscreen/block
 - I take calcium supplements

Radiation Exposure

- I frequently use a cell phone
- I use Wi-Fi in my home
- I use a tablet or laptop computer

Check the box next to all health care professionals you have visited for your condition:

- Primary Family Physician
- Orthopedist Neurologist
- Rheumatologist Osteopath
- Chiropractor Acupuncturist
- Cardiologist Dermatologist
- Gynecologist Oncologist
- Psychiatrist Psychologist
- Optometrist/Ophthalmologist
- Pain Management Clinic
- Massage/Myofascial Therapist:
- Naturopathic Physician/Herbalist
- Dietician/Nutritionist:
- Physical Therapist
- Infectious Disease Specialist
- "Lyme Literate" Doctor

Check the box next to drugs you have taken for your condition:

Antibiotics (Bacteria)

- Short-term Long-term
Number of Months _____
- Rotating Cycles of Antibiotics
- "Maintenance" Antibiotics
- Intravenous Antibiotics
- Doxycycline Amoxicillin
- Clindamycin
- Azithromycin ("Z-pack")
- Metronidazole (Flagyl)
- Ceftin Plaquanel
- Rocephin (Ceftriaxone)
- Other _____
- I have had Herxheimer reactions
- I have had other side effects

Anti-Protozoan Parasite Drugs

- Mepron (Atovaquone)
- Tindamax (Tinidazole) Other

Anti-Fungal Drugs:

- Diflucan Nystatin
- Other

Anti-Viral Drugs:

- Acyclovir (Shingles)
- Other

Drugs for Pain Relief:

- Tylenol, Aspirin, Advil, Motrin
- Lyrica Savella Cymbalta
- Neurontin (Gabapentin)
- Oxycodone Tramadol
- Percocet Vicodin
- Naproxen Prednisone
- Muscles Relaxers
- Cortisone (Steroids) Injections
- Other Prescription Painkillers

Drugs for Anxiety & Depression:

- Paxil Lexapro Zoloft
- Prozac Celexa Xanax
- Cymbalta Wellbutrin
- Lithium Seroquel Risperdal
- Valium Ablify Effexor
- Ativan Elavil (Amitriptyline)
- Desyrel (Trazadone)
- ADD/ADHD Medicine

Drugs for Cardiovascular Disease

- Blood Pressure Drugs
- I take Statin Drugs (cholesterol)
- I take other heart medication

I have NOT been informed by doctors that statin drugs may contribute to and/or cause nerve, muscle, and joint pain

"Lyme Protocols"

& Other Treatments Tried:

- Cowden Buhner
- Byron White Sponaugle
- Horowitz Jemsek (Antibiotics)
- Burrascano Klinghardt
- Olmesartan (Marshall Protocol)
- Samento Cats Claw Teasel
- Other Herbs Essential Oils
- Nutritional Supplement Protocol
- Enzyme Therapy
- Glutathione Supplements

Diets: Gluten-Free Paleo

- Dairy-Free Vegetarian
- Sugar-Free Blood Type
- Other _____

- Artemisia (Wormwood)
- Detoxification Cleanses
- Infrared Sauna
- Ultraviolet Blood Treatment
- Hyperbaric Oxygen Therapy
- Vitamin C/Salt
- MMS ("Miracle Mineral Supplement")
- "Parasite Cleanse"
- Frequency "Zapper"
- Rife Machine Ondamed
- Single-Remedy Homeopathy
- Meridian Therapy Reiki
- Other

Heavy Metal Detox:

- IV Chelation Herbal
- Chlorella Homeopathic
- Other _____

My medical expenses (including doctor visits, tests, drugs, vitamins, herbs, etc.) related to tick-triggered illness have been:

- \$3,000-5,000 \$5,000-10,000
- \$10,000-15,000 \$15,000-20,000
- \$20,000-40,000 \$40,000-60,000
- \$60,000-80,000 \$80,000+

Smoking History (if applicable):

Packs of cigarettes smoked daily:
 2-3 1-2 1 or less

I have tried to quit, but failed by:

- Going "Cold Turkey"
- Nicotine Patch or Gum
- Chantix (drug)
- Hypnosis Acupuncture

Other pertinent medical history:
