



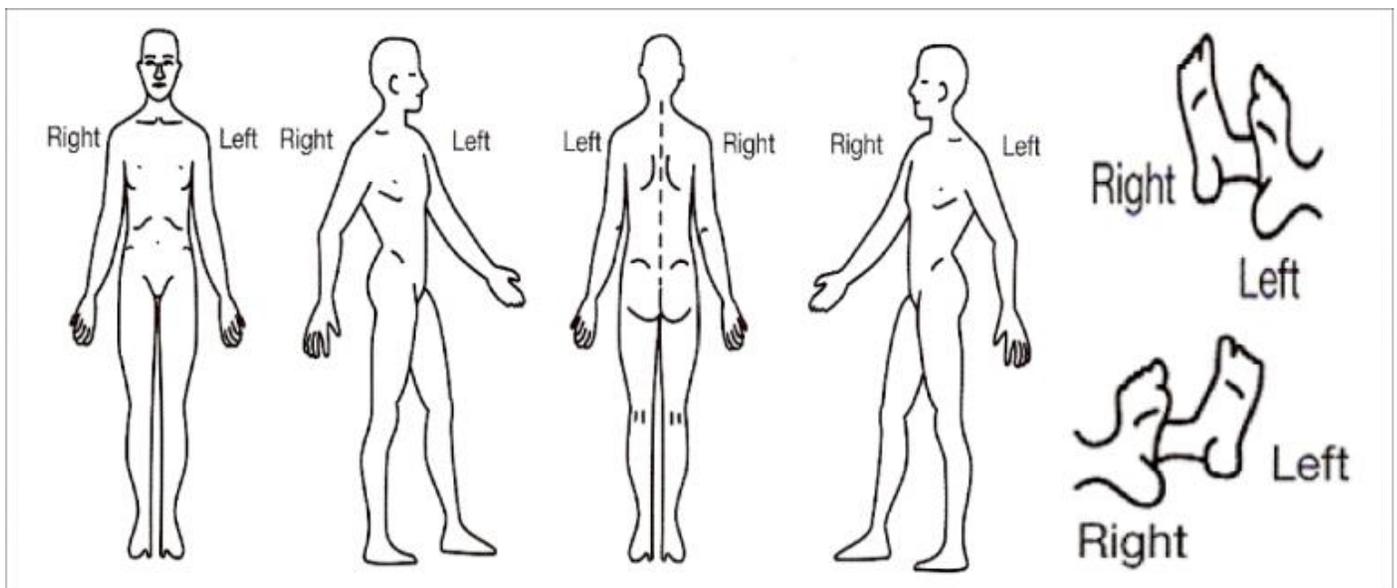
❖ Circle your symptoms

Sensory: Burning, cold, Electric shocks, Tingling, Pins and needles, Numbness, Itching, aching, stabbing, pain, sensation of swollen body part, inability to feel temperature;

Motor: weakness, cramps, loss of muscle mass, twitching of muscle;

Autonomic symptoms: Urinary urgency (When I got to go pee, I have to go right then), erectile dysfunction, feels like food just stays in stomach for long time after meal (early satiety), constipation, feel light headed if I stand up suddenly (change posture suddenly), parts of body don't sweat / sweat too much etc.

❖ Mark the location of your symptoms on the diagram



❖ How long have you had your symptoms? _____ days OR _____ Months OR _____ years

❖ Did your symptoms come on: suddenly / gradually?

❖ Your neuropathy: slowly getting worse / came on all of a sudden and staying the same / has step wise decline

❖ What makes your symptoms better? _____

❖ What makes your symptoms worse? _____

❖ Circle the disease condition you have been diagnosed

- Diabetes yes/no If yes, since when? _____ Are you on insulin yes/no

What is your current HgA1c? _____ What was your worst HgA1c? _____

How is your overall diabetes control over years? Excellent / fair / poor

- Hypothyroidism, yes/no if yes for how long? _____

- Renal failure, yes/no if yes for how long? _____ On dialysis? If yes, how long? _____

- Known nutritional deficiency e.g. Vitamin B12 deficiency?

- Do you have any autoimmune diseases e.g. rheumatoid arthritis, psoriasis, lupus etc?



- ❖ How much alcohol do you drink? _____ / day OR _____ /week OR not at all.
Do you do binge drinking? yes / no Did anybody ever considered you an alcoholic? yes/no
Have you ever had DUI? Yes/no

 - ❖ Are you going through any major life event / stressful situation? yes/no, if yes, explain: _____

 - ❖ Any recent international travel? yes/no

 - ❖ Any unusual food intake / viral infection around the time your symptoms started? yes/no

 - ❖ Did your symptoms started after cancer chemotherapy / antibiotic use / antiviral use / anticonvulsant use?

 - ❖ Do you have family history of neuropathy? (e.g. hammer toes, balance problems etc in other family members)

 - ❖ Majority of the time, do you use city / shared well / private well / bottled water?

 - ❖ What alternative therapies you have tried for your symptoms: topical lotion, acupuncture, naturopathy, homeopathy, holistic medicine, low intensity laser therapy, TENS units, percutaneous electrical nerve stimulation, near infra-red photo therapy, static and pulsed magnetic stimulation,

 - ❖ Which other physicians you have seen for your neuropathy symptoms? _____

 - ❖ What type of work up has been done for your symptoms
 - Complete blood count, renal function test, liver function test, thyroid function test, Vitamin B12 level, MMA, Vitamin B1, ANA, urine heavy metal screen, Serum immunoelectrophoresis, ESR, HgA1c, glucose tolerance test, anti MAG autoantibodies, SSA, SSB, RPR, HIV, Lyme titers, ACE level, hepatitis C, Anti GM1 antibodies, PMP 22 duplication, alpha-galactosidase, celiac panel
 - lumbar puncture, nerve conduction study / EMG, skin biopsy, nerve biopsy

 - ❖ What medications you have been tried on so far for your symptoms.
 - Gabapentin (neurontin), pregabalin (Lyrica), carbamazepine, Venlafaxine (Effexor), duloxetine (Cymbalta), amitriptyline (Elavil), Nortriptyline (pamelor), topical agents (lidocain, Capsaicin, compounded cream), NSAIDs, tylenol, opioid medication (narcotics), muscle relaxants (cyclobenzaprine, methocarbamol, tizanidine) etc.
 - Tell us the highest dose you tried up to on the meds you have tried and reason for discontinuation if any

 - ❖ Is there any additional information you would like to provide? _____
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