Please circle all the positives.		DATE OF ONSET:		
1 Tick bite (deer tick or dog tick	?)	I		
2 Rash at bite site				
3 Rashes at other sites				
4 Unexplained fevers, chills, sw				
5 Unexplained weight changes	(loss or gain)			
6 Fatigue, tiredness				
7 Swelling around the eyes				
8 Swollen glands				
9 Sore throat				
10 Testicular pain/ pelvic pain11 Unexplained menstrual irregu	larity			
12 Irritable bladder or bladder dy				
13 Sexual dysfunction or loss of				
14 Upset stomach	iibido			
15 Change in bowel function (co	nstipation, diarrhea)			
16 Chest pain	,,			
17 Shortness of breath, cough				
18 Heart palpitations, pulse skips	s, heart blocks			
19 Joint pain or swelling				
20 Muscle pain or cramps				
21 Twitching of the face or other	muscles			
22 Headaches				
23 Neck creaks and cracks, neck stiffness				
24 Stiffness of the joints or back				
25 Tingling, numbness, burning or stabbing sensations				
26 Facial paralysis (Bell's Palsey27 Eyes/vision: double, blurry, pa				
28 Ears/Hearing: buzzing, ringing				
29 Dizziness, poor balance, incre				
30 Lightheadedness, wooziness,				
31 Tremors	annoan, wanang			
32 Confusion, difficulty in thinking	a			
33 Difficulty with concentration of				
34 Decreased short term memor	у			
35 Disorientation: getting lost, go	ing to wrong place			
36 Difficulty with speech				
37 Mood swings, irritability, depre				
38 Disturbed sleep: too much, to				
39 Exaggerated symptoms or wo	orse hangover from alcohol			
Have you had a blood test for Lymo	e Disease?	YES	NO	
When:	Results:			
Have you received antibiotics in the	a nast vear?	YES	NO	
Mhen:	• •	120	140	

NAME:_____ DATE:____