

Today's Date _____



LYMEXICO
DR. OMAR MORALES

Lyme disease is an illness that's caused by bacteria carried by infected ticks. Signs and symptoms of the disease can manifest and vary over time. To help us better understand your current condition and streamline your initial consult, please fill out the following form. In the event that you do not recall being exposed to a tick and are unsure about your current condition, please skip over questions that do not pertain to you and continue to fill out the form as we may still be able to provide treatment options for you.

Patient Information

Name _____ Date of Birth _____
Current residence _____ Telephone No. _____

Tick Bite Details

Do you remember getting a tick bite? Yes No
Date of bite? _____
State where bitten? _____
Was the tick attached to your body when found? Yes No
How long before it was removed? _____
Was the tick identified Yes No If yes, type of tick? _____
Symptoms after the tick bite: _____
Generalized date of onset of symptoms? _____

Dermatological

Was there a rash at the bite site? Yes No
If yes, describe the rash: _____
How long after the bite did the rash occur? _____
Duration of rash? _____
Was there a "Bulleseye" lesion? Yes No Duration? _____

Have you been diagnosed with any of the following?

Please place a check mark beside all that pertain to you:

- | | |
|----------------------------|-----------------------------|
| ALS | Fibromyalgia |
| Alzheimer's Disease | Iritis Anemia |
| Arthritis | Meningitis |
| Asthma | Multiple Sclerosis |
| Bakers Cysts (behind knee) | Polymyalgia Rheumatica |
| Bell's Palsy | Prostatitis |
| Bursitis (where? _____) | Psoriasis/Eczema |
| Carpal Tunnel Syndrome | Stroke /Permanent/Temporary |
| Depression | Tendonitis |
| Diabetes | TMJ |
| Encephalitis | |

Children Questions

Decreased interest in playing? Yes No
Poor school performance? Yes No
When did he/she start whimpering/whining? _____



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Clinical Signs and Symptoms

Please place a check mark beside all that pertain to you. For ones that you may be unsure about, place a question mark and your doctor will evaluate response with you.

General

Fatigue
Fevers high
Flu-like symptoms
Loss of appetite
Hair loss
Night sweats
Unexplained chills or sweat
Unexpected weight loss
Other _____

Eyes, Ears, Nose & Throat

Blurred vision
Conjunctivitis
Difficulty swallowing
Diminished peripheral vision
Double vision horizontal vertical
Drooping eyelids
Earache
Eye discharge
Eye pain
Flashing lights
Floaters
Frequent sore throats
Lazy eye
Light sensitivity
Loss of voice/prolonged hoarseness
Optic atrophy
Pressure behind the eyes
Retinal damage
Sinus trouble or congestion
Spots
Uveitis (inflammation of eyes)
Vision loss/blindness
Ringing in the ears
Hearing loss/deafness one ear both
Other _____

Skin

Chronic dry skin
Itching
Jaundice (yellow skin)
Skin rashes
Suspicious moles or other skin abnormalities

Heart and Lung

Abnormal echocardiogram
Chest pain tightness
Chronic wheezing
Cough dry productive blood
EKG abnormalities
Excessive phlegm
Heart attack
Heart palpitations
Increased blood pressure
Mitral valve prolapse
Shortness of breath
Other _____

Endocrine

Cold or heat intolerance
Excessive appetite
Excessive thirst
Significant weight change

Musculoskeletal

Back	pain	stiffness
Elbow	pain	swelling
Feet/ankle	pain	swelling
Hand	pain	swelling
Hip(s)	pain	swelling
Jaw	pain	stiffness
Joint pain	pain	swelling
Knee	pain	swelling
Leg aches		
Loss of muscle tone		
Muscle cramps	stiffness	weakness
Muscle	pain	aching
Neck pain		
Shoulder	pain	swelling
Other _____		

Hematological/Lymphatic

Excessive bruising or bleeding
Swollen glands in neck, armpits or groin



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Neurological & Psychological

Abnormal EGG
Anxiety attacks
Burning sensation external internal
Change in smell taste
Chewing swallowing
Confusion
Decreased concentration
Dementia
Depression/sadness
Dizziness fainting vertigo
Fatigue
Hallucinations
Headache mild severe
Involuntary jerking
Irritability
Memory problems
Meningitis
Mood swings
Motion sickness
Muscle twitching
Nightmares
Numbness
(where? _____)
Obsessive/compulsive behavior
Panic attacks
Paranoia
Partial paralysis
(where? _____)
Personality change
Phobias/unexplained fears
Poor balance or difficulty walking
Seizures/convulsions
Sleep disturbances falling asleep waking frequently
Suicidal
Tearfulness
Tingling
(where? _____)
Tremors or hands shaking
Weakness of limbs
Unable to move parts of your body at times
Unusual clumsiness
Other _____

Allergic/Immunologic

Hay fever
Hives
Susceptible to infections
Other _____

Gastrointestinal & Urinary

Abdominal pain
Blood in urine
Bloody or very black stool
Change in appearance of stool
Constipation
Diarrhea
Diverticulosis
Irritable bladder
Liver enlargement
Nausea
Spleen enlargement
Tenderness in abdomen
Urinary frequency retention
Vomiting
Other _____

Reproductive

Breast infections mass tenderness
Genital sores
Loss of libido (sex drive/decreased activity)
Menstrual irregularities
Nipple discharge
Pelvic pain
PMS
Unusual vaginal discharge
Other _____



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Any other symptoms doctor should be aware of?

Abnormal Lab Results

Please place a check mark beside all that pertain to you and document date & lab

	DATE	LAB
Positive Lyme ELISA	_____	_____
Positive Lyme Western Blot	_____	_____
IgG	_____	_____
IgM	_____	_____
Positive Lyme PCR	_____	_____
Positive Lyme Urine Antigen (LUAT)	_____	_____
Positive LDA	_____	_____
Other positive Lyme test(s)	_____	_____
	_____	_____
	_____	_____
Positive Babesia test	_____	_____
Positive Ehrlichia tests	_____	_____
Positive Bartonella test	_____	_____
Elevated liver enzymes	_____	_____
Eosinophilia	_____	_____
Elevated ANA	_____	_____
Elevated SED rate	_____	_____
Elevated cholesterol	_____	_____
Anticardiolipin	_____	_____
Elevated Rheumatoid Factor	_____	_____
VDRL (Syphillis)	_____	_____
List all other tests to substantiate diagnosis		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other important information: