

Patient Name _____ DOB: _____ Age: _____ Date: _____

Progress Note - HPI: Please complete the symptom follow-up section below.
 (These symptoms are what you feel currently compared to your last appointment.)

SYMPTOMS	None	Mild	Moderate	Severe	N/A	Frequency: times per day, week or month
Unexplained fevers, sweats, chills or flushing						
Unexplained weight change – loss or gain						
Fatigue, tiredness						
Unexplained hair loss						
Swollen glands						
Sore throat						
Testicular or pelvic pain						
Unexplained menstrual irregularity						
Unexplained breast milk production, breast pain						
Irritable bladder or bladder dysfunction						
Sexual dysfunction or loss of libido						
Upset stomach						
Change in bowel function(constipation or diarrhea)						
Chest pain or rib soreness						
Shortness of breath or cough						
Heart palpitations, pulse skips, heart block						
History of heart murmur or valve prolapse						
Joint pain or swelling						
Stiffness in neck or back						
Muscle pain or cramps						
Twitching of face or other muscles						
Headaches						
Neck cracks or neck stiffness						
Tingling, numbness, burning or stabbing sensations						
Facial paralysis (Bells Palsy)						
Eyes/Vision – Double, Blurry						
Ears/Hearing – Buzzing, Ringing, Ear pain						
Increased motion sickness, vertigo						
Lightheaded, poor balance, difficulty walking						
Tremors						
Confusion, difficulty thinking						
Difficulty with concentration or reading						
Forgetfulness, poor short term memory						
Disorientation; getting lost, or going to the wrong places						
Difficulty with speech or writing						
Mood swings, irritability, depression						
Disturbed sleep – Too Much, Too Little, Early Awake						
Exaggerated symptoms/worse hangover from alcohol						
<input type="checkbox"/> No Diarrhea <input type="checkbox"/> No Yeast	Worst Symptoms:					

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1. LABS Ordered:

- CBC** **LFT's** **CMP** Labs ordered to monitor for abnormalities under treatment
- VAP/PLAC/Berkley ordered for Hyperlipidemia/Risk stratification Urine metals test ordered/resistant symptoms
- DHEA/Cortisol testing ordered for fatigue/cognitive difficulties/resistant symptoms
- TSH/TFT for monitoring fatigue Ordered EKG to monitor for arrhythmias/QT changes

2. Assessment and Plan:

Lyme | Babesia | Bartonella | Ehrlichia | Mycoplasma | Chlamydia pneumo. | RMSF | Q Fever | Tularemia | Brucella
Candida | Toxo | HHV6 | CMV | POTS | Elevated Heavy Metals | Abnormal Adrenal Function | MTHFR | Mold Exposure

- Other** _____

- Gave and explained form LD to patient.
- Side effects explained to patient verbally and patient has Form LD.
- Probiotic regimen prescribed to provide support against yeast overgrowth and diarrhea.
- Gave and explained to patient Sugar-Free/Year-Free Diet Sheet.
- All supplements described/recommended above are intended to support multiple disease entities/conditions and associated symptoms.

Signature _____ Date: _____