

Patient Name

DOB

Age

Date

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

<b>SYMPTOMS</b>	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						
<b>Fatigue, tiredness</b>						
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						
<b>Joint pain or swelling</b>						
Stiffness in neck or back						
Muscle pain or cramps						
Twitching of face or other muscles						
Headaches						
Neck cracks or neck stiffness						
<b>Tingling, numbness, burning or stabbing sensations</b>						
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						
<b>Forgetfulness, poor short term memory</b>						
Disorientation; getting lost, or going to the wrong places						
Difficulty with speech or writing						
Mood swings, irritability, depression						
<b>Disturbed sleep – Too Much, Too Little, Early Awake</b>						
Exaggerated symptoms/worse hangover from alcohol						
<b>No Diarrhea</b> <b>No Yeast</b>	<b>Worst Symptoms:</b>					

Patient Name

DOB

Age

Date

**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