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Name: \_\_\_\_\_

### Section A

- Do you remember being bitten by a tick?  Yes  No. If yes, when? \_\_\_\_\_
- Do you remember having the "bull's eye" rash?  Yes  No
- Do you have any other rash?  Yes  No. If yes, describe: \_\_\_\_\_

*Please Check all "Yes" Answers:*

- |   |  |
|---|--|
| <input type="checkbox"/> Spend time in Tick-infested area | <input type="checkbox"/> Camping             |
| <input type="checkbox"/> Frequent outdoor activities      | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> Hiking                           | <input type="checkbox"/> Hunting             |
| <input type="checkbox"/> Fishing                          | <input type="checkbox"/> Ticks noted on pets |

### Section B:

*Please check which symptoms you have experienced:*

- |  |  |
|--|--|
| <input type="checkbox"/> Unexplained fevers, night or day sweats, chills   | <input type="checkbox"/> Neck creaking and cracking, neck stiffness, neck pain               |
| <input type="checkbox"/> Unexplained weight change (loss or gain)          | <input type="checkbox"/> Tingling, numbness, burning/stabbing sensation, shooting pains      |
| <input type="checkbox"/> Fatigue, tiredness, poor stamina                  | <input type="checkbox"/> Facial paralysis (Bell's palsy)                                     |
| <input type="checkbox"/> Unexplained hair loss                             | <input type="checkbox"/> Eyes/Vision: double, blurry, increased floaters, light sensitivity  |
| <input type="checkbox"/> Swollen glands (list areas _____)                 | <input type="checkbox"/> Ears/Hearing: buzzing, ringing, ear pain, sound sensitivity         |
| <input type="checkbox"/> Sore throat                                       | <input type="checkbox"/> Increased motion sickness, vertigo, poor balance                    |
| <input type="checkbox"/> Testicular pain/pelvic pain                       | <input type="checkbox"/> Lightheadedness, wooziness  |
| <input type="checkbox"/> Unexplained menstrual irregularity                | <input type="checkbox"/> Tremor  |
| <input type="checkbox"/> Unexplained milk production; breast pain          | <input type="checkbox"/> Confusion, difficulty in thinking                                   |
| <input type="checkbox"/> Irritable bladder or bladder dysfunction          | <input type="checkbox"/> Difficulty with concentration, reading                              |
| <input type="checkbox"/> Sexual dysfunction or loss of libido              | <input type="checkbox"/> Forgetfulness, poor short-term memory                               |
| <input type="checkbox"/> Upset stomach                                     | <input type="checkbox"/> Disorientation: getting lost going to wrong places                  |
| <input type="checkbox"/> Change in bowel function (constipation, diarrhea) | <input type="checkbox"/> Difficulty with speech, vocalization, or writing; word block        |
| <input type="checkbox"/> Chest pain or rib soreness                        | <input type="checkbox"/> Mood swings, irritability, depression                               |
| <input type="checkbox"/> Shortness of breath, cough                        | <input type="checkbox"/> Disturbed sleep-too much, too little, fractionated, early awakening |
| <input type="checkbox"/> Heart palpitations, pulse skips, heart block      | <input type="checkbox"/> Exaggerated symptoms or worse hangover from alcohol                 |
| <input type="checkbox"/> Any history of a heart murmur or valve prolapse   |  |
| <input type="checkbox"/> Joint pain or swelling (list joints_____)         |  |
| <input type="checkbox"/> Stiffness of the joints (ie. neck, back)          |  |
| <input type="checkbox"/> Muscle pain or cramps                             |  |
| <input type="checkbox"/> Twitching of the face or other muscles            |  |
| <input type="checkbox"/> Headache  |  |

Total: \_\_\_\_\_ / 38

Name:

### Section C:

- High fever and chills at the onset symptoms.
- Night sweats
- Air hunger

- Cough
- Persistent migraine-like headache
- Sense of imbalance
- Fatigue

Total: \_\_\_\_\_ / 7

### Section D:

- Neurological symptoms more severe than other symptoms
- Agitation
- Anxiety
- Insomnia
- Seizures
- Difficulty with mental processing

- Lower abdominal pain
- Sore soles
- Sore soles worst in morning
- Red rashes
- Red streaking like stretch marker
- Lymph nodes enlarged
- Sore throat

Total: \_\_\_\_\_ / 13

### Section E:

- High Fever
- Severe Headache
- Chronic headache
- Muscle symptoms

- Shooting pains
- Abnormalities in liver function, white blood cells, or platelets

Total: \_\_\_\_\_ / 6

### Section F:

- Fatigue
- Joint Pain
- Muscle pain

- Difficulty with mental processing
- High fever

Total: \_\_\_\_\_ / 5

### Section G:

- Dark spotted rash
- Chills
- High fever
- "Brain Fog"

- Headache
- Muscle Ache
- Light sensitivity

Total: \_\_\_\_\_ / 7

### Sources:

- Burrascano, Joseph. Managing Lyme Disease, 15th ed. September 2005.
- Burrascano, Joseph. Advanced Topics in Lyme Disease: Diagnostic Hints and Treatment Guidelines for Lyme and Other Tick Borne Illnesses, 13th ed. May 2000.
- Singleton, Kenneth M.D. "The Lyme Disease Solution." 2008.

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