

# Greenwood Herbals – Lyme Intake Form

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Pharmaceutical medications you are now on? (Please list them)

Please list any supplements, herbal preparations or essential oils you are using:

Date of tick bite?

Location of bite?

Date of first symptoms?

Were you tested? \_\_\_\_\_ Type of test? \_\_\_\_\_ Date of test? \_\_\_\_\_ Lab that performed test?

Have you or are you taking anti-biotics \_\_\_\_\_

Unexplained fevers, sweats, chills or flushing? \_\_\_\_\_

Weight changes \_\_\_\_\_

Fatigue \_\_\_\_\_

Unexplained hair loss \_\_\_\_\_

Swollen glands? Area's? \_\_\_\_\_

Sore throat \_\_\_\_\_

Pelvic pain? \_\_\_\_\_

Menstrual irregularity \_\_\_\_\_

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Milk production/breast pain \_\_\_\_\_

Irritable bladder or bladder dysfunction \_\_\_\_\_

Sexual dysfunction or loss of libido \_\_\_\_\_

Upset stomach or abdominal pain \_\_\_\_\_

Upset stomach/abdominal pain or lack of appetite, gastro paresis \_\_\_\_\_

Unusual fears or anxiety \_\_\_\_\_

Acid Reflux \_\_\_\_\_

Change in bowel function (constipation/diarrhea) \_\_\_\_\_

Chest Pain or rib soreness \_\_\_\_\_

Shortness of breath, cough \_\_\_\_\_

Heart palpitation/arrhythmia \_\_\_\_\_

Joint pain or swelling (list joints) \_\_\_\_\_

Stiffness of joints or back \_\_\_\_\_

Muscle pain or cramps \_\_\_\_\_

Twitching in the face or other muscles \_\_\_\_\_

Headache \_\_\_\_\_

Neck creaks, cracks, stiffness or pain \_\_\_\_\_

Tingling, numbness burning or stabbing sensations, shooting pain, skin sensitivities \_\_\_\_\_

Ears/ hearing, bussing, ringing, ear pain, sound sensitivity \_\_\_\_\_

Eyes/Vision, double, blurry, increased floaters, light sensitivity \_\_\_\_\_

Facial paralysis (Bell's Palsy) \_\_\_\_\_

Increased motion sickness, **vertigo**, poor balance \_\_\_\_\_

Lightheadednes, wooziness, unavoidable need to sit or lie down. \_\_\_\_\_

Tremor \_\_\_\_\_

Confusion and difficulty in thinking \_\_\_\_\_

Difficultly with concentration or reading \_\_\_\_\_

Forgetfulness, poor short term memory, poor attention \_\_\_\_\_

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Disorientation, getting lost going to wrong places \_\_\_\_\_

Difficulty with speech or writing. \_\_\_\_\_

Mood swings \_\_\_\_\_

Disturbed sleep \_\_\_\_\_

Hangover symptoms \_\_\_\_\_

Rash \_\_\_\_\_

New food sensitivities or allergies \_\_\_\_\_

Impaired speech \_\_\_\_\_

Untreatable itching \_\_\_\_\_

Feeling of bugs crawling under the skin \_\_\_\_\_

**Co-infections: Please check off any symptoms below that you may be experiencing.**

<b>Babesia</b>	<b>Bartonella</b>	<b>Ehrlichia</b>
High Fever (102-103)	Low grade fever/morning fever	High Fever (101-102)
Fever has poor response to doxy	Swollen Lymphatics	Headache
Vague sense of imbalance	Fatigue	Myalgia
Headache (global)	Enlarged Spleen	Arthralgia
Fatigue	Headache/ sharp pinpoint	Malaise
Anorexia	Vision change/blurry	Thrombocytopenia
Muscle and joint pain	Photosensitivity	Leucopenia
Chest compression	Hearing changes	Hyponatremia
Shortness of Breath	Numbness	Nausea
Air Hunger	Dizziness	Vomiting
Chills/Fever	Burning soles of the feet	Enlarged liver and spleen
Nausea	Sore feet	Mental confusion
Drenching sweats at night	Adult onset seizures	Skin Rash
Menopausal symptoms	One side neuro symptoms	Photophobia,
Cough/ lung involvement	Anemia	Murmur
Sensation of deep chill	Off balance	Conjunctivitis
Heart involvement	Nausea	Strawberry tongue
Anxiety/panic	Abnormal gait	Genital or oral ulcers
	Enlarged liver or spleen	Abnormal Gait
		Low WBC or Low PLT
		Increased Liver enzymes