



HEALTH BACKGROUND: FIRST APPOINTMENT

When did you first experience Lyme disease symptoms? When were you diagnosed?

--

What symptoms are most impacting your day-to-day quality of life right now?

--

What other symptoms have you experienced with Lyme disease? Are any still bothering you now?

--

What are your recovery goals? (Examples: return to work part time; play soccer again)

--

Current medications (medication name, dose, and how often you take it)

Have any treatments worked particularly well for you in the past? Were any treatments particularly difficult or unhelpful?

Other health information (other conditions, surgeries, allergies, family history)

Is there anything else you would like your doctor to know? (Examples: family situation, outside stressors)