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Integrative Medicine

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Name _____
Birthdate _____ Today's Date _____

FM/CFS/LYME VISIT WORKSHEET

What are the three problems that you want to discuss today?

- 1) _____
- 2) _____
- 3) _____

Medications/herbs/supplements you are on:

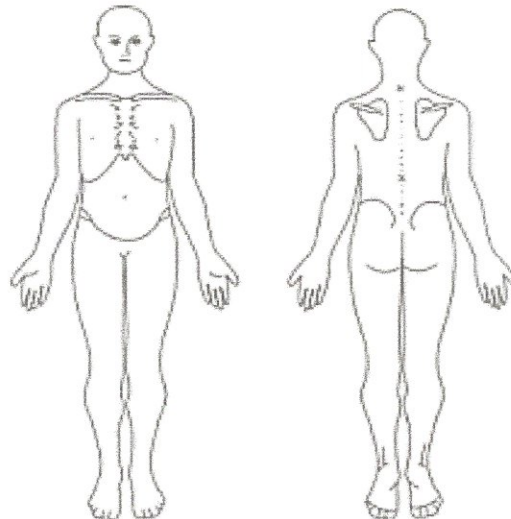
Trouble falling asleep? Y N
Frequent waking? Y N
Feel rested? Y N

Sugar: Y N Alcohol: Y N Gluten: Y N

Symptoms of yeast (white tongue, vaginal/anal itching, bloating)? Y N

Other side effects?

Please color in areas of pain



Are you better worse same (circle right answer) than 1 month ago?

Are you better worse same (circle right answer) than 1 year ago?

What percent of normal (100%) do you feel now? _____

Please compare how you are feeling right now to your last appointment:

SYMPTOM	Never had	Much worse	Worse	No change	Better	Much better	Resolved
Lyme (Borrelia):							
pain all over							
fatigue							
“brain fog”							
hand weakness							
joint pain/stiffness							
headaches							
palpitations							
day sweats							
memory							
Babesia:							
shortness of breath							
nausea							
night sweats							
poor balance							
light/noise sensitivity							
fever							
Bartonella:							
abdominal pain							
urinary symptoms							
eye symptoms							
sleep disturbance							
boggy tissues							
numbness/tingling							
rashes							
soles of feet sore							
muscle twitching							
tremor							
muscle cramps							
lightheaded							
sore throat							
swollen glands							
depression/ anxiety							
constipation/ diarrhea							

(Add any other symptoms you are tracking here)