e:			_,				Date:			
			Joseph Bu							
Board of D	virector	s, intern	ational Lym	e & Asso	ociate	ed Disea	ses Society			
CHECK LIST OF CURRENT	SYMPT	OMS: Th	is is not mear	nt to be us	sed as	s a diagno	nstic scheme I	out is		
provided to streamline the off	fice inter	view No	te the format	complair	nts ref	erable to	specific organ	svstems		
and specific co-infections are										
and opcome of imponent are	oldotol	ou to oluli	y alagilosso	and to be	ttor ar	opia, ma	ido y otorri irror	· omone.		
Have you had any of the folio	wing in	relation to	this illness?	(CIRCLE	"NO"	OR "YES	S")			
Tick bite		NY	"F	M" rash (discre	te circle)	ŃΥ			
Spotted rash over large area		NΥ	Lii	near, red	streak	S	NY			
_										
		CURREN	IT SEVERITY	EVERITY			CURRENT FREQUENCY			
SYMPTOM OR SIGN	NONE	MILD	MODERATE	SEVERE	NA	NEVER	OCCASIONAL	OFTEN	CONSTAN	
Persistent swollen glands										
Sore throat										
Fevers										
Sore soles, esp. in the AM										
Joint pain										
Fingers, toes										
Ankles, wrists										
Knees, elbows										
Hips, shoulders										
Joint swelling										
Fingers, toes										
Ankles, wrists										
Knees, elbows										
Hips, shoulders										
Unexplained back pain										
Stiffness of the joints or back										
Muscle pain or cramps										
Obvious muscle weakness										
Twitching of the face or other										
muscles										
Confusion, difficulty thinking										
Difficulty with concentration,										
reading, problem absorbing										
new information										
Word search, name block										
orgetfulness, poor short										
erm memory, poor attention										
Disorientation: getting lost,										
going to wrong places										
Speech errors- wrong word,										
misspeaking										
Mood swings, irritability,										
depression										
Anxiety, panic attacks										
Psychosis (hallucinations,										
		I		1 1	1	1	i .	ı	1	
delusions, paranoia, bipolar)										

Seizures

Ear pain

Headache
Light sensitivity
Sound sensitivity
Vision: double, blurry,
floaters

Name:	Date:

	CURRENT SEVERITY				CURRENT FREQUENCY				
SYMPTOM OR SIGN	NONE	MILD	MODERATE	SEVERE	NA	NEVER	OCCASIONAL	OFTEN	CONSTANT
Hearing: buzzing, ringing,									
decreased hearing					l				
Increased motion sickness,									
vertigo, spinning					l				
Off balance, "tippy" feeling									
Lightheadedness,									
wooziness, unavoidable					l				
need to sit or lie					l				
Tingling, numbness, burning									
or stabbing sensations,					l				
shooting pains, skin					l				
hypersensitivity					l				
Facial paralysis-Bell's Palsy									
Dental pain									
Neck creaks and cracks,									
stiffness, neck pain					l				
Fatigue, tired, poor stamina									
Insomnia, fractionated sleep,									
early awakening					l				
Excessive night time sleep									
Napping during the day									
Unexplained weight gain									
Unexplained weight loss									
Unexplained hair loss									
Pain in genital area									
Unexplained menstrual									
irregularity					l				
Unexplained milk production;									
breast pain					l				
Irritable bladder or bladder									
dysfunction					l				
Erectile dysfunction									
Loss of libido									
Queasy stomach or nausea									
Heartburn, stomach pain									
Constipation									
Diarrhea									
Low abdominal pain, cramps									
Heart murmur or valve									
prolapse?					l				
Heart palpitations or skips									
"Heart block" on EKG									
Chest wall pain or ribs sore									
Head congestion									
Breathlessness, "air hunger",					\vdash				
unexplained chronic cough									
Night sweats					\vdash				
Exaggerated symptoms or					-				
worse hangover from alcohol									
Symptom flares every 4 wks.									
Degree of disability	-				-				
Degree or disability	<u> </u>	L	<u> </u>		<u> </u>	ļ		ļ	L

Name:	Date:
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DIAGNOSTIC CHECKLIST

To aid the clinician, a workable set of diagnostic criteria were developed with the input of dozens of front line physicians. The resultant document, refined over the years, has proven to be extremely useful not only to the clinician, but it also can help clarify the diagnosis for third party payers and utilization review committees. It is important to note that the CDC's published reporting criteria are for surveillance only, not for diagnosis. They should not be misused in an effort to diagnose Lyme or set guidelines for insurance company acceptance of the diagnosis, nor be used to determine eligibility for coverage.

LYME BORRELIOSIS DIAGNOSTIC CRITERIA	RELATIVE VALUE
Tick exposure in an endemic region	
Historical facts and evolution of symptoms over time, consistent with Lyme Systemic signs & symptoms consistent with Bb infection (other potential diagno	
Single system, e.g., monoarthritis	
Two or more systems, e.g., monoarthritis and facial palsy	2
Erythema migrans, physician confirmed	
Acrodermatitis Chronica Atrophicans, biopsy confirmed	
Seroconversion on paired sera	4
Tissue microscopy, silver stain	3
Tissue microscopy, monoclonal immunofluorescence	4
Culture positivityB. burgdorferi antigen recovery	4 4
B. burgdorferi DNA/RNA recovery	
DIAGNOSIS	
Lyme Borreliosis Highly Likely	7 or above
Lyme Borreliosis Possible	5-6
Lyme Borreliosis Unlikely	4 or below

I suggest that when using these criteria, you state Lyme Borreliosis is "unlikely", "possible", or "highly likely" based upon the following criteria"- then list the criteria.

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JOSEPH J. BURRASCANO JR., M.D. Copyright, September, 2005

For complete Burrascano Guidelines:

http://www.lymediseaseassociation.org/drbguide200509.pdf