Lyme Disease Clinical Research Center
2360 W. Joppa Road Joppa Concourse Suite 320
Lutherville, MD 21093
410-616-7596 Telephone
410-616-7595 Fax

Please fill out the attached questionnaire and if possible attach any medical notes that document your diagnosis of Lyme disease. The medical notes that document the initial onset of Lyme disease are most helpful. For example, the medical notes that describes the rash of Lyme disease or the initial manifestations of Lyme disease illness are especially helpful. Please also attach copies of any Lyme disease blood test results. Also attached is a Primary Care Physician Referral form that need to be completed by your Primary Care Physician to document the referral. Email questionnaire along with any medical records to the email address below.

Sincerely,

Cindi

Cindi Crews
Patient Services Coordinator for Dr. John Aucott
Lyme Disease Clinical Research Center
lcrews2@jhmi.edu

Patient Name: **DATE**:

Patient Information:

Age: Date of Birth: Occupation
Phone:
Email
Street Address:

Referring Contact:

Referring Physician Information (this is the physician you would like the consult report sent to):

Name Address
Phone #

General Medical History;

When do you feel your health **first** started to worsen from your baseline normal health	Date:	
Have you received the Lyme vaccine?	[ ] yes [ ] no	
Have you ever had the rash of Lyme disease?	[ ] yes [ ] no	
Have you ever had an unusual skin lesion or rash? For example a spider or bug bite that last longer than usual or was more severe than a typical bug bite?	[ ] yes [ ] no	
Have you ever had Bell's palsy or facial drooping?	[ ] yes [ ] no	
Have you ever had fluid removed with a needle from a swollen joint such as your knee?	[ ] yes [ ] no	
When was your last menstrual period (Women only)	Date:	
When do you think your Lyme disease first started?	Date:	
Did you see the tick bite that gave you the Lyme disease?	[ ] yes [ ] no	
If you saw the tick bite that gave you the Lyme disease, did you get the "flu" within the first 2-3 weeks after the tick bite?	[ ] yes [ ] no	
If you saw the tick bite that gave you the Lyme disease, did you get a skin rash or skin lesions within the first 2-3 weeks after the tick bite?	[ ] yes [ ] no	
When was the last time you felt completely healthy and able to do anything you want?	Date:	

Past Consultation History and Diagnosis: please check YES for any subspecialty consultations performed and your understanding of the final diagnosis and tests that you received

	Consultation	Final Diagnosis	Tests done
[ ] YES	Neurology		
[ ] YES	Rheum		
[ ] YES	Orthopedics		
[ ] YES	Infectious Diseases		
[ ] YES	Cardiology		
[ ] YES	Other:		
[ ] YES	Other:		

Please check YES for any medical diagnosis that you have received from a health care provider <u>at any time in your life:</u>

		Date Diagnosed
Lyme disease	[ ] YES	
Hepatitis	[ ] YES	
Any sexually transmitted disease	[ ] YES	
Acid reflux or GERD	[ ] YES	
Heart Murmer	[ ] YES	
Tuberculosis or a (+) PPD skin test	[ ] YES	
Depression	[ ] YES	
Anxiety/Panic Disorder	[ ] YES	
Chronic fatigue Syndrome	[ ] YES	
Fibromyalgia	[ ] YES	
Unexplained chronic pain	[ ] YES	
Neuropathy or neuromuscular disorder	[ ] YES	
migraine	[ ] YES	
Sleep apnea or other sleep disorder	[ ] YES	
Psoriasis	[ ] YES	
Lupus (SLE) or rheumatoid arthritis	[ ] YES	
Other	[ ] YES	

Surgical History: Please list all surgeries that you have ever had:

1.
2.
3.

<u>Current Symptoms:</u> Please think about the symptoms you may have experienced **during the past two weeks**, *regardless of their cause*, and check in the appropriate boxes below**:**

	None	**Mild**	**Moderate**	**Severe**
Fever				
Chills				
Sweats				
Fatigue				
Muscle Pain				
Joint Pain				
Joint Swelling				
Numbness or tingling in hands or feet				
Numbness or tingling in face or scalp				
Muscle twitching				
Headache				
Eyes sensitive to light				
Changes in vision clarity				
Double vision				
Drooping facial muscle (Bell's Palsy)				
Drooping eyelid(s)				
Dizziness				
Ringing in ears				
Neck pain				
Low back pain				
Poor coordination				
Memory changes				
Difficulty finding words				
Difficulty focusing or concentrating				
Heart palpitations (irregular, fast or slow beats)				
Difficulty breathing				
Tender/enlarged lymph nodes				
Sore throat				
Changes in urination pattern (frequency, urgency)				
Nausea				
Vomiting				
Diarrhea				
Difficulty sleeping				
Anxiety				
Depression				
Irritability				
Other symptoms, please specify: **a.** ____________ **b.** ____________				

Health Related Function: Please provide some specific examples of how your ability to function in daily life changed after the onset of your Lyme disease.

1.
2.
3.

Family illness History:

1. Is there a family history of depression or severe anxiety? [ ] yes [ ] no
2. Is there a family history of auto-immune disease? [ ] yes [ ] no
3. What diseases run in your family?
    1.
    2.
    3.

Personal and Social History:

Have you travelled outside the United States in the last year?	[ ] yes [ ] no	If yes, which countries?
Have you had exposure to disease outside of the United States?	[ ] yes [ ] no	If yes, which diseases:
Are you currently working	[ ] yes [ ] no	
Have you ever been out of work on disability	[ ] yes [ ] no	If yes, date first went on disability:
How many drinks of alcohol do you typically have in an average week	[ ] yes [ ] no	
Have you ever smoked?	[ ] yes [ ] no	If yes, years of smoking and quantity:
Do you have dogs or cats	[ ] yes [ ] no	If yes, do they sleep in your room at night?
Do you ride horses	[ ] yes [ ] no	
Are you a gardener	[ ] yes [ ] no	
Are you a hunter	[ ] yes [ ] no	
What is your main hobby?		

Medication History:
Current Prescription Medications: please list all the medications that you are currently taking:

Medication Name	Dosage in mg	How often taken

Non-Prescription/Over the counter supplements, vitamins: (dosage not required)

1.
2.
3.
4.

List all Medication Allergies and nature of allergy

1.
2.

Prior Medication use history: please answer the following questions about previous medication use

Have you ever been prescribed prednisone, medrol or other steroids? Yes [ ] No [ ]
Have you ever taken antidepressants, anxiety medications, or medications for nerves? Yes [ ] No [ ]

List all antibiotics you have taken specifically for Lyme disease or Tick-Borne infection and dates taken:

Antibiotic Name	Dates Taken

Please check YES for any of the following tests or scans that you have done and fill in your understanding of the result of the test.

		Test Result
Head/Brain MRI	[ ] YES	
Head/Brain CT scan	[ ] YES	
Spinal Tap	[ ] YES	
Chest x-ray	[ ] YES	
Chest CT scan	[ ] YES	
Abdominal CT scan	[ ] YES	
MRI of neck or lumbar spine	[ ] YES	
MRI of a joint such as knee or shoulder	[ ] YES	
Nerve Conduction Tests	[ ] YES	
Other:	[ ] YES	
Other:	[ ] YES	

Please check YES for any of the following Blood Tests that you have done and fill in your understanding of the result of the test. Please attach any Lyme disease test results that you have copies of.

		Test Result
Lyme antibody test	[ ] YES	
Tick-borne co-infections	[ ] YES	
Thyroid Test	[ ] YES	
HIV/AIDs test	[ ] YES	
Other:	[ ] YES	
Other:	[ ] YES	

Primary Care Physician Referral
Lyme Disease Consultation – Dr. John Aucott

Dear Primary Care Provider: Please fill out the following consultation request and return it by fax to 410-616-7595 or by email to jaucott2@jhmi.edu
The results of the consultation will be faxed or sent to the address that you provide below.

PATIENT'S NAME: _________
Patient Date of Birth: ________

Reason for consultation:
____

____

REFERRING PRIMARY CARE PROVIDER NAME:
Provider Practice Address: ___________
Provider FAX number: __________________
Provider Phone number: ________________

Please provide pertinent records, especially those that document the initial exposure to Lyme disease, such as notes detailing the initial manifestations such as rash, VII nerve palsy, or joint swelling. Attach any Lyme serology or PCR tests.

Thank you for the request for a Lyme disease consultation on your patient. I look forward to forwarding you the medical notes when the consultation is completed.

Best Regards,

John Aucott, MD
Director, Johns Hopkins Lyme Disease Clinical Research Center
Assistant Professor of Medicine, Division of Rheumatology
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