

## Bartonella Follow-Up

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

COMPARED TO YOUR LAST VISIT, please rate your symptoms using the scale below.

<b>+ A Little Better</b>	<b>++ Much Better</b>	<b>- A Little Worse</b>	<b>-- Much Worse</b>	<b>X No Change</b>	<b>New</b>
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Symptoms	Change?	Had in Past? Y/N	Notes	Symptoms	Change?	Had in Past? Y/N	Notes
Agitated Fatigue				Sore throat			
Low Grade Fever				Difficulty swallowing			
Chills				Abdominal pain/burning			
Sweats (light and/or "thick" & "sticky")				Heart palpitations			
Anxiety & worry				Muscle tremors or twitching			
Confusion/disorientation episodes				Shin bone pain/tenderness			
Seizures				Joint problems take long time to heal			
Poor sleep/sleep disturbance				Bladder dysfunction/irritability			
Foot pain (heels/soles) esp. in AM				Change in bowel function			
Unexplained rashes				Breathlessness			
Red "stretch marks"				Hearing problems			
Swollen nodules on legs/arms				<div style="margin-bottom: 20px;"><b>Worst Symptoms:</b></div> <b>Other things your doctor should know:</b>			
Headaches							
Joint pain (can migrate)							
Joint stiffness							
Memory difficulties							
"Foggy" thinking							
Chest pain							
Enlarged lymph nodes							
Eye irritation							
Blurred vision							
Eye pain							
Ringing of the ears							