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NEW LYME PATIENT HANDBOOK (LYME AND COINFECTION QUESTIONNAIRE AND PATIENT HISTORY)

Patient Handbook for
Paul Beals, MD
Deborah McCabe

Please read and complete before your first visit and update before every follow up visit.

___1. SYMPTOM QUESTIONNAIRE AND MEDICAL HISTORY …..... page 2

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Hello, and welcome to our office!

Please take the time to complete and read your Patient Handbook. Please bring it with you to every office visit.

Patient Name _____

Date of Birth_____

SECTION 1: SYMPTOM QUESTIONNAIRE AND PATIENT HISTORY

A. **Please complete this questionnaire on your first visit and before each follow up visit.**

Please list all symptoms that you currently have. Please note if symptom is:

Mild-1 **Moderate- 2** **Severe- 3**

Note: Scores are relative. Symptoms should be ranked by frequency and severity. For example headaches that occur every day would be scored higher than occasional headaches.

DATE						
Fatigue						
low grade fevers (feel like coming down with cold or flu)*						
Chills						
Frequent sore throats*						
Drenching night sweats**						
Dry, sticky sweating day or night*						

Rashes that look like red stretch marks, usually on back or hips*						
Headaches in front or						
top of head* Headaches in back of						
head** Eyes sensitive to bright light						
Blurry vision or red or dry eyes*						
Ringing in ears*						
Swollen glands*						
Shortness of breath**						
Vague chest pain often described as chest "tightness"*						
Irregular heart beat						
Stomach pain*						
Constipation						
Diarrhea						
Nausea**						
Poor Appetite* *						
Muscle pain (esp. thigh or buttocks)**						
Calf pain *						
Muscle twitching in calves or anywhere else *						
Shin bone pain *						
Pain on soles of feet (esp. in morning) *						

Joint pain (knees, hands) always Left and Right joints at same time*						
Joint pain (not always Left and Right joints at same time)						
Poor memory, concentration, focus (brain fog)						
Dizziness						
Numbness, tingling, or burning sensation of nerves*						
Anxiety*						
Depression * *						
Difficulty falling asleep*						
Wake up in middle of night and unable to fall back asleep						
Spaciness (feelings of "floating on a cloud")* *						
Do you have any abnormal labs (Low White Blood Cell Count, low platelets, high liver enzymes, elevated sed rate?*						
TOTAL SCORE						
SCORE OF SINGLE STAR * SYMPTOMS						
SCORE OF DOUBLE STAR ** SYMPTOMS						

B. Patient History. Please answer the following questions:

MEDICATIONS

Please list all Medications you are taking now and how long you have been taking them (Please update this list at every office visit)

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Please list all antibiotics you have taken in the past for Lyme disease and/or Co infections and how long you took them for.

_____

_____

_____

_____

OTHER MEDICAL CONDTIONS:

Please note any chronic medical problems such as High Blood Pressure, Hypo-thyroid, Diabetes, etc that you have been diagnosed with and how long you have had them:

_____

_____

_____

HISTORY

When did you last feel well? _____

Did the symptoms noted above develop quickly or gradually? _____

Where do you live now? (City, County, State) _____

Where else have you lived in the past 10 years?

_____

_____

_____

How often are you outdoors?_____

Are you a bicycler, hiker, camper, hunter? _____

Do you remember being biten by a tick? _____

Did a rash develop after tick bite? _____

Did you ever have a bulls-eye type rash? Erythema Migrans? _____

Any flu-like symptoms after a tick bite? _____

Did you have a high fever (102F or higher) after a tick bite? _____

Mold Exposure History:

How old is your home? _____

Have you ever lived in a moldy home (visible mold, basement apartment or bedroom, history of flooding in a basement?) _____

Do you have a mold allergy? _____

ALLERGIES

List any medications you are allergic to and the type of reaction you have to it (i.e. rash)

_____

_____

_____

Do you have any known food allergies?

_____

_____

_____

Do you have a dust, pollen, mold or other airborne allergies? _____

Do you have frequent sinus congestion, sinusitis or stuffy nose? _____

Do you feel that you are sensitive to chemical, perfume, gas smell? _____

Do your symptoms feel worse during certain seasons? Spring, Summer, Fall?

_____

HEAVY METALS/ DENTAL INFECTIONS

How many metal amalgam dental fillings do you have? _____

Have you ever had any dental fillings removed? _____

Do you have root canals? _____

How many teeth have you had pulled? _____

Do you have clicking in your jaw? _____

Do you grind your teeth? _____

Do you clench your teeth at night? _____

Do you have a history of Temporal Mandibular Joint Disorder (TMJ)? _____

SECTION 2- OFFICE POLICIES AND PATIENT GUIDELINES

GENERAL INFORMATION

Because our goal is to deliver a high quality of care to all of our patients we maintain policies that we ask you to follow. Dr. Beals has a very small staff which keeps our overhead costs down and therefore our fees to you as low as possible. Because the staff is small, we may not be able to respond to all your requests in a timely manner if these policies are not followed.

The following is an outline of policies and a clarification of what we can and cannot do on your behalf. Please review these policies very carefully and please do not ask us to make any exceptions.

APPOINTMENTS

Please arrive at least 20 minutes before your scheduled appointment time. As a service to you we call you one to two days before to remind you of your appointment. This reminder phone call is courtesy, you are ultimately responsible for arriving on time for your appointment. Please give yourself extra time to compensate for Washington DC traffic. Please give us as many phone numbers as we need to ensure we are able to give you this reminder. If we call and leave you a message about your appointment, please call us back to confirm. If you cannot keep your appointment and do not give us two business days cancellation notice, you will be charged for the missed appointment.

CELL PHONES

We ask that you please turn off your cell phone when inside our offices.

MEDICAL CARE BY PHONE

It is a basic principle of medical care that nothing can replace an office visit when it comes to explaining symptoms, going over test results, and making plans for care. As a result, it is our office policy that such issues are never discussed in detail by phone, and we will not alter the plan of care or change prescriptions by phone or by fax. Instead, we require an office visit. If a patient lives very far from the office, sometimes phone consults are acceptable.

PHONE CALLS

Dr. Beals and Debbie McCabe receive many phone calls every day. Please try to keep phone calls to a minimum. If you need to speak to Dr. Beals for a non-emergency reason, you may reach him at ext 149, Mondays through Thursdays. For phone consults of more than five minutes, there may be a phone consult charge. Scheduling a phone consult helps Dr. Beals answer these phone calls more efficiently. If you need to speak to Dr. Beals on an emergency basis, please notify the staff. Dr Beals is available after hours for emergencies on his cell phone, (410) 829-7187.

MEDICATIONS

At all of your appointments, please bring in an updated list of the medications and supplements including doses that you are currently taking. Dr. Beals will not write prescriptions for medicines other than those they prescribe. Please obtain all other medications from your primary care doctor.

PRESCRIPTIONS RENEWALS BY PHONE

All prescription medications require monitoring by a physician. It is the general rule of this office that all prescriptions and refills are written during office visits. Again, at each office visit, be prepared to tell us what you need to prevent you from running out. We will not call in prescriptions or refills to your pharmacy by phone. For emergencies only, please call your pharmacy and ask that the pharmacy fax us a prescription refill request.

TEST RESULTS

All test results are reviewed by Dr. Beals. We will contact you if there are any results that need to be discussed before your next scheduled office visit. Most test results are reviewed in person at the next scheduled office visit. We do not use test results alone to make a diagnosis. We also use symptoms, history, lab results and other information to make this diagnosis. If you desire a copy, ask for one at your next visit.

DISABILITY FORMS

Dr. Beals cannot complete disability forms unless they are also your primary care physician.

FEES AND PAYMENTS

All office fees are payable in full at the time of each visit. Our fees reflect not only the time we spend with you in the office, but also all the time spent on your behalf between visits. This may include reviewing reports, making and receiving calls, such as from other health care providers, insurance companies, pharmacies, home care agencies, etc., and preparing paperwork that is often needed.

INSURANCE

We do not bill insurance for services performed at the office. We give you all the paperwork necessary for you to submit a claim to your insurance company. Every insurance company and every plan in an insurance company is different so we cannot tell you how much you will be reimbursed. Some of what our doctors practice is considered by insurance companies to be "non-traditional" in nature and will not be reimbursed. If you are having trouble with reimbursement, we cannot intervene on your behalf however we will be glad to give you copies of Dr. Beals progress notes that you may need to send to your insurance company

We appreciate your trust in our team and hope that these procedures will help us provide you high quality medical care.

This document could not possibly cover all details of our practice and only serves as a general guide. Because circumstances change, updates will no doubt be made. We will keep you informed!

Patient Handbook.

I have read and understood all the items in Section 2 of the Patient Handbook (Office Policies and Patient Guidelines)

_____ _____

_____

Signature of Patient or Guardian Print Name
Date