Tick & Lyme Exposure Screening Questionnaire

Have you experienced any of the following?

☐ Known tick bite
☐ Possible tick exposure
☐ Attached or engorged tick
☐ Expanding red rash
☐ Fever or chills following possible exposure
☐ Headache following possible exposure
☐ New muscle or joint aches
☐ New facial weakness
☐ Numbness or tingling
☐ Heart palpitations or unexplained fainting
☐ Swollen joint
☐ Previous Lyme disease diagnosis
☐ Previous treatment for a tickborne illness
☐ Persistent concern following a possible exposure

When did the possible exposure occur?

☐ Within the past 30 days
☐ One to six months ago
☐ Six to twelve months ago
☐ More than one year ago
☐ Unsure

Do you have a photograph of the tick or rash?

☐ Yes
☐ No
☐ Not applicable

Briefly describe your exposure and primary concern.

_____