



CANDIDIASIS HISTORY AND SYMPTOMS

Print this worksheet out and fill out the questions.
 Bring it in for a consultation with Dr. Karsten Alexandria.

Name: _____ Date: _____

	Predisposing History Circle the appropriate answer ('Y' for yes, 'N' for no) and fill in any relative blanks.	
1	Have you ever take "broad spectrum" antibiotics for respiratory, urinary or other infections for a period of 2 months or longer, or in shorter courses such as for or more times in a single year? Names of a few antibiotics including Keflex® ampicillin, amoxicillin, Ceclor®, Bacutrim®, and Septra®. If yes, which one? _____	Y - N
2	Are you exposed to toxic solvents such as toluene, exlene, or acetone? If yes, which one?	Y - N
3	If yes, were you exposed to toxic solvents more than two years?	Y - N
4	Have you taken birth control pills?	Y - N
5	If yes, have you taken them for more than two years?	Y - N
6	Have you take prednisone, Decadron®, or other cortisone-type drugs? If yes, which one? _____	Y - N
7	If yes, have you take them for more than two weeks?	Y - N
	Symptoms circle one number per symptom. Please indicate only symptoms which are present NOW or the past few days. For each of the following symptoms, circle: 0 if the symptom is not present 1 if the symptom is present but very mild. 10 if the symptom is present and extremely severe	
1	Poor memory	1 2 3 4 5 6 7 8 9 10
2	Inability to concentrate	1 2 3 4 5 6 7 8 9 10
3	Drowsiness	1 2 3 4 5 6 7 8 9 10
4	Fatigue or lethargy	1 2 3 4 5 6 7 8 9 10
5	Feeling of being drained	1 2 3 4 5 6 7 8 9 10
6	Irritability jitteriness	1 2 3 4 5 6 7 8 9 10

7	Frequent mood swings	1 2 3 4 5 6 7 8 9 10
8	Depression	1 2 3 4 5 6 7 8 9 10
9	Feeling spacey or unreal	1 2 3 4 5 6 7 8 9 10
10	Poor coordination	1 2 3 4 5 6 7 8 9 10
11	Dizziness / loss of balance	1 2 3 4 5 6 7 8 9 10
12	Headache	1 2 3 4 5 6 7 8 9 10
13	Pressure above ears, feeling of head swelling	1 2 3 4 5 6 7 8 9 10
14	Muscle aches	1 2 3 4 5 6 7 8 9 10
15	Pain and or swelling in joints	1 2 3 4 5 6 7 8 9 10
16	Dry mouth	1 2 3 4 5 6 7 8 9 10
17	Nasal congestion or discharge	1 2 3 4 5 6 7 8 9 10
18	Pain or tightness in chest	1 2 3 4 5 6 7 8 9 10
19	Wheezing or shortness of breath	1 2 3 4 5 6 7 8 9 10
20	Gain weight easily	1 2 3 4 5 6 7 8 9 10
21	Bloating	1 2 3 4 5 6 7 8 9 10
22	Allergic reaction to foods (hives, rashes, nasal congestion, stomach problems, etc. every time you eat the food)	1 2 3 4 5 6 7 8 9 10
23	Skin rashes	1 2 3 4 5 6 7 8 9 10
24	Bruise easily	1 2 3 4 5 6 7 8 9 10
	WOMEN ONLY	1 2 3 4 5 6 7 8 9 10
25	Troublesome vaginal discharge	1 2 3 4 5 6 7 8 9 10
26	Persistent vaginal burning and or itching	1 2 3 4 5 6 7 8 9 10
27	Hard to get pregnant	1 2 3 4 5 6 7 8 9 10
28	Loss of sexual feeling	1 2 3 4 5 6 7 8 9 10
29	Dysmenorrhea (painful periods)	1 2 3 4 5 6 7 8 9 10
30	Urgency to urinate or frequent urination	1 2 3 4 5 6 7 8 9 10
31	Frequent backache	1 2 3 4 5 6 7 8 9 10
	MEN ONLY	1 2 3 4 5 6 7 8 9 10
32	Sores or irritation on penis or foreskin	1 2 3 4 5 6 7 8 9 10
33	Persistent burning or itching of groin, scrotum, or penis	1 2 3 4 5 6 7 8 9 10
34	Impotence or inability to maintain erection	1 2 3 4 5 6 7 8 9 10
35	Urethral drainage or discharge	1 2 3 4 5 6 7 8 9 10
36	Urgency to urinate or frequent urination	1 2 3 4 5 6 7 8 9 10
37	Frequent backache	1 2 3 4 5 6 7 8 9 10