

To Obtain a Doctor Referral

Lyme Disease Foundation, P.O. Box 332, Tolland, Ct 06084

Dear Patient:

The LDF encourages you to work with your primary caregiver regarding your own vector-borne disease case. This is the best person to deliver your medical care because Lyme disease and other *vector*-borne diseases can affect your whole body, not just an isolated part. Also, your family doctor is the person who can deliver healthcare at the lowest possible cost and minimal travel.

However, if you want a referral to a consulting physician to work with your doctor or referral to another doctor for a second opinion, please: 1. complete the following information, 2. **attach a \$10 processing fee**, 3. include a **Self-Addressed Stamped Business size envelope**, and 4. mail to the above address. We do not accept this by email.

1. Your Name _____ Daytime Phone _____
Address _____
City _____ State _____ Zip _____

2. Where are you located in the State? *Required*. Check only one. ___ North ___ Central ___ South.
Alternative: ___ East ___ West.

3. You need a doctor for: (chose *one*) ___ Child ___ Adult Is the patient pregnant? ___ (Yes / No).

4. Do you want to see a doctor who *also* uses alternative/complimentary medicine? ___ (Yes/No).

5. You think You have the following vector-borne disorder(s) _____.

6. Your symptoms include: [check the aea(s) that represents your worst problems]

___ General illness - rash, profound fatigue, flu-like symptoms, fever, nausea, & vomiting.

___ Neurological - loss of reflexes, radiating abnormal sensations, meningitis, extreme headaches, alteration in smell or taste, difficulty chewing/swallowing/speaking, facial droop (Bell's palsy), abnormal brain tests (MRI, EEG), cognitive or behavioral changes.

___ Eye problems - vision changes, reduced vision/blindness, retinal damage, conjunctivitis, inflammation, lazy eye or light sensitivity.

___ Joint problems - pain (temporary or chronic, usually not symmetrical), swelling, TMJ-like pain.

___ Heart problems - irregular heartbeats, heart block - sometimes requiring a pacemaker.

___ Blood abnormalities – decreased in red blood cells, increase in white blood cells.

___ Night sweats.

___ Other:

The processing fee is the only support for the cost of maintaining the referral program. The LDF does not receive funding for physician referrals except for this fee.

Every doctor has different opinions about: diagnosis and treatment of vector-borne diseases, *price for the initial and follow-up visit*, insurance coverage, waiting time for an appointment, and terms for working with the patient. **You should clarify these conditions with the doctor's office before you see the doctor.** Most physicians on our referral list are pleased to work with your physician in order to save you the time and expense of a special visit. If we don't have a physician near you, we will send you the name of the closest listed physician who may be the best choice for your circumstances. We make no representation that we have a physician in your state.

We invite you to visit our award-winning website www.Lyme.org for more information on Vector-borne diseases.

• **You must sign this representation statement to the LDF before we will release a doctor referral.**

You assert that you are sick and that you are submitting this referral for your own medical care. The LDF reserves the right to decline providing a physician referral for any reason we deem appropriate. You understand that the LDF does not accept email, fax, nor phone requests. The LDF does not provide repeated nor multiple referrals.

Your Signature

Date