

Multiple Infection Checklist



Name, first name Date (DD/MM/YYYY)

Your current and former symptoms Please click on the boxes next to the symptoms that you suffer from		X
1	Stomach ache, gut problems	<input type="checkbox"/>
2	Anaemia	<input type="checkbox"/>
3	Diarhoea intermittent, intestinal crampings/pain	<input type="checkbox"/>
4	Fever or feverish feeling	<input type="checkbox"/>
5	Lack of concentration, memory loss, forgetfulness	<input type="checkbox"/>
6	Encephalitis/Inflammation of the brain	<input type="checkbox"/>
7	Yellowish colour of the skin/eyes	<input type="checkbox"/>
8	Painful joints or swollen joints	<input type="checkbox"/>
9	General aches and pains, tendon problems	<input type="checkbox"/>
10	Flu-like symptoms	<input type="checkbox"/>
11	Rash(es), striae, exanthema	<input type="checkbox"/>
12	Small red/purple spots of the skin	<input type="checkbox"/>
13	Heart problems, disturbed cardiac rhythm	<input type="checkbox"/>
14	Cough, expectoration, "air-hunger"	<input type="checkbox"/>
15	Headache, dizziness	<input type="checkbox"/>
16	Impaired liver function/ liver laboratory values	<input type="checkbox"/>
17	Pneumonia, bronchitis	<input type="checkbox"/>
18	Swollen lymph nodes	<input type="checkbox"/>
19	Enlargement of the spleen	<input type="checkbox"/>
20	Fatigue / exhaustion, intermittent or chronic CFS	<input type="checkbox"/>
21	Muscle pain, muscle weakness	<input type="checkbox"/>
22	Shivering, chill	<input type="checkbox"/>
23	Blurred, foggy, cloudy, flickering, double vision	<input type="checkbox"/>
24	Nausea, vomiting	<input type="checkbox"/>
25	Dark urine	<input type="checkbox"/>
26	Itching or pain when urinating	<input type="checkbox"/>
27	Tingling, numbness, "burning" sensations	<input type="checkbox"/>
28	Neck pain, neck stiffness	<input type="checkbox"/>
29	Shoulder pain	<input type="checkbox"/>

30	Back pain, pelvic pain	<input type="checkbox"/>
31	Sleeplessness	<input type="checkbox"/>
32	Night sweat, sometimes between 2 and 4 a.m.	<input type="checkbox"/>
33	Sore throat, throat pain	<input type="checkbox"/>
34	Tinnitus, hearing loss	<input type="checkbox"/>
35	Dry skin	<input type="checkbox"/>
36	Conjunctivitis, inflammation of the eyes	<input type="checkbox"/>
37	Panic attacks, depression, psychosis, mood swings	<input type="checkbox"/>
38	Seizures, tremors	<input type="checkbox"/>
39	Sinusitis	<input type="checkbox"/>

Below you'll find the number of the symptoms for each of the infections that we test for and the ranking, in which order you should test for them

Ranking of the infections	No. of symptoms	Rank
Chlamydia pneumoniae		
Mycoplasma pneumoniae		
Yersinia		
Campylobacter		
HSV 1/2		
EBV		
CMV		
VZV		
HHV 6		
Parvovirus		
Coxsackie-Virus		
Echovirus		
Babesia		
Bartonella		

Please contact your attending therapist for evaluation of the checklist or contact us directly at +49 821 78093150 or info@arminlabs.com . We will be happy to assist you.

