

# **Sacred Heart Center for Health and Healing**

Scott P. Mulliken, N.D.

62 Portland Road, Bld. 2, Unit 5  
Kennebunk, ME 04043  
207-467-3345  
(fax) 207-467-3403

***New Patient Packet***  
***2026***

# Sacred Heart Center for Health and Healing

Scott P. Mulliken, N.D.

207-467-3345 • (fax) 207-467-3403

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62 Portland Road, Unit 5, Kennebunk, Maine

## **Directions**

### **From the Maine Turnpike traveling from the South:**

Exit **Kennebunk** - turn left after getting off the exit onto Route 35.

Go past Kennebunk High School to “the round a bout” and take **second** exit towards Route 1.

At traffic light make a **left** onto Route 1 and travel North.

Go **through** the 1<sup>st</sup> traffic light at Post Office and McDonald’s on your right (CVS on the left).

Go **through** the 2nd traffic light with Kennebunk Savings Bank on your left.

Just after Irving and Talbots (on right), look for 62 Portland Road (also called 62 Post Road Center) on your **left** - Green sign with white letters.

Turn into the condominium complex and take your first **right**. We are the first yellow building on the **left**.

Parking is on the **right**.

### **From the Maine Turnpike traveling from the North:**

Exit **Biddeford**.

Travel **straight** through the traffic light at the toll exit and at the next traffic light turn **right** onto Route 1 South.

You will pass our old office at 1232 Portland Road on the right.

Continue south **through** the traffic light at corner just past our old office.

Go **through** the traffic light at Ross Road (Aroma Joe’s on right) and **through** the light at Hannaford on the left.

At about a ¼ mile on **right**, there will be a sign for 62 Portland Road (also called 62 Post Road Center) - Green sign with white letters.

Turn into the condominium complex and take your first **right**. We are the first yellow building on the **left**.

Parking is on the **right**.

If you are using a GPS our physical address is:  
**62 Portland Road, Kennebunk, Maine 04043**

**This will only get you to our office complex. Please read entire directions to locate our office and keep in mind that GPS directions may not be accurate.**  
**Thank You.**

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## **Instructions and Things to Know Before You Come**

1. The initial visit for a new patient will be approximately 90 minutes in length.
2. We **require** that this paperwork be completed **before we schedule** your new patient appointment.
3. Fill out all the attached/enclosed documents in **black ink only. Black ink is the only ink acceptable for legal medical documents.** These papers will become part of your permanent medical record, so it is important that you complete these forms as accurately as possible.
4. Please underline or circle any of the symptoms you are currently experiencing on the “**Symptoms List**” pages.
5. It may also be helpful if you include a brief written description of when you feel your illness began, including a list of any questions you might have.
6. Please have any labs or reports sent to us that might be helpful for Dr. Mulliken to review. We **do not** accept screenshots, pictures or lab results/reports from patient portals. They are often missing important information and are hard to read. Have the **official reports** sent directly to us from the lab, hospital, or doctor’s office. We cannot log in to patient portals to retrieve records for you.
7. Although we do not submit to medical insurance for payment of office visits, we will need a **copy of your insurance card (front/back)** for blood work and other testing. **If possible, please include a copy of your card when you return this paperwork; if you cannot provide a copy, please bring your insurance card to your initial visit.**
8. At the discretion of Dr. Mulliken, you may be asked to have additional blood work drawn on the day of your visit.
9. Please take note on the “Office Policies” page that we ask you to **refrain from wearing any essential oil, perfume, musk, cologne, or scented lotion, and not smoking (at least 2 hrs. prior to your visit)** when coming to this office. This policy is strictly adhered to for the health of the staff and other patients.
10. Dr. Mulliken gives equal time to each patient; this may cause a delay in your scheduled appointment time. We appreciate your understanding in this matter.
11. Our office will call (or email, if requested) you 2 days before your scheduled appointment to remind you of your visit. We request that you **call or email** us back as soon as possible to confirm. Further details are in our “Office Policies”.
12. **Please return only the pages that you filled out and keep the rest for your reference and file.**

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## Office Policies 2026

*(Please read thoroughly and make certain you initial and sign the last page of the Office Policies.)*

### Check-in and Payment Procedures

Please check in at the front desk prior to each appointment. We ask that you fill out a symptom sheet upon arrival; this informs Dr. Mulliken of any changes to your condition. Make yourself at home in our waiting area, and Dr. Mulliken will let you know when he is ready to see you.

At the end of your appointment, you will be given your itemized bill and a follow-up appointment card (if applicable).

For payment, we accept American Express, Discover, MasterCard, Visa, cash, and check. We also accept Flexible Spending (FSA) and Health Savings (HSA) Account cards. If you pay with a card, you will receive a receipt from your transaction. Please keep this for your records. **All returned checks will be subject to a return check fee of \$40 for each occurrence.**

**Payment is due when services are rendered.** We are unable to keep running balances at the office. If for some reason there is any prior balance, it will be due at your next scheduled visit.

### Insurance

Dr. Mulliken **does not bill insurance for office visits.** He is considered to be an out-of-network provider for bloodwork and other testing. It is possible you may receive reimbursement for your visits by submitting the bill we provide at the end of each visit, but this is between you and your insurance company.

All health insurance policies are different. **Our staff cannot answer questions regarding your specific insurance policy.** However, we are happy to provide you with information (i.e. diagnostic or test codes) you may need to check for coverage. You will have to contact your insurance company directly.

At this time, **we do not have a Medicare/PECOS provider on staff.** This means we cannot submit a copy of your insurance card for bloodwork or other testing if you have Medicare, MaineCare, Martin's Point, MassHealth, or any other similar federal or state insurance plan. This generally does not include "Marketplace Plans".

### Illness

Out of respect for our doctor, staff, and patients, we ask that you **do not come to the office if you are sick (coughing, sneezing, fever, chills, etc.).** We would be glad to either reschedule your appointment or switch it to a **phone or video call.**

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## **Email Correspondence and Texting Guidelines**

Dr. Mulliken does not utilize texting as a form of communication for his medical practice.

Dr. Mulliken also does not prefer to correspond via email. **Please do not email Dr. Mulliken directly, unless specifically asked to.** He receives many emails in a day and yours can get lost in the shuffle.

We do have a general email address for questions you might have. This email address is secured, HIPAA compliant, and frequently checked by our staff. The email address is:

**staff@sacredheartcenteronline.com**. Your questions will be reviewed by Dr. Mulliken and a response will be sent to you from Debbie, Laura, or Emily, with every attempt to have all questions answered within 24-48 hours, excluding weekends, holidays, or extenuating circumstances. **Please keep in mind that this email address is for simple questions only. Email answers will be limited and are not intended to replace regular office visits.** Any email communications that contain new subjects, new treatments, “what do I do next?” questions, discussions about information from other doctors, or emails that are long in nature or too complex, will need to be addressed through either a brief office visit or phone consultation with the doctor.

**If you have an urgent matter that cannot wait, please call: 207-251-8068.** If Dr. Mulliken cannot be reached, then he recommends going to your local emergency room or urgent care facility.

## **Other Important Information**

Any laboratory tests performed by this office prior to your initial visit will be reviewed at your consultation. Please do not call the office requesting results. This applies to any additional diagnostic testing. Our office staff cannot release these without Dr. Mulliken’s review.

We ask you to **refrain from smoking (at least 2 hrs. prior to your visit), wearing any essential oil, musk, cologne, perfume or scented lotion** when coming into our office. This policy is strictly adhered to for the health of the staff and other patients.

**\* Confirmation calls:** Our office will call (or email, if requested) you two days before your scheduled appointment to remind you of your visit. We ask that you call us back to confirm as soon as possible. This helps us keep the schedule full and gives us ample time to fill your slot if you cannot make it. We have a long waiting list and appreciate knowing ahead of time if you cannot keep your appointment. **If we do not receive a reply (via phone or email) by 3:00pm on the day before your visit, we will assume you are not coming, and your time will be reallocated to another patient.** If you must cancel your appointment, we ask that you give us at least **48 hours notice**, unless an emergency is the cause of your cancellation. There will be a missed appointment fee charged based on  $\frac{1}{2}$  of your scheduled appointment, if we are not notified.

Dr. Mulliken gives equal time to each patient; this may cause a delay in your scheduled appointment time. We appreciate your understanding in this matter.

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If you **need medical records from our office sent to another practice** for an upcoming appointment, please give us a **minimum of one week** to gather your records. This can take some time depending on the extent of your records and we may not be able to accommodate last minute requests.

## **Doctor Fees**

First Visit: 90 min. **\$550.00**

Follow-up Visits: 60 min. **\$240.00**

### **Follow Up Appointments will be billed at:**

16-30 min. **\$125.00**

31-45 min. **\$185.00**

46-60 min. **\$240.00**

> 60 min. **Fee to be determined by Dr. Mulliken**

**Blood Draw without visit: \$45.00**

**Patient requested Referral: \$45.00**

**Patient Forms** (Disability, Leave of Absence, etc.): **Fee based on time spent**

**This fee schedule includes in office appointments, phone consultations and telehealth visits.** The last two types of visits are available to clarify treatment plans, as a convenience for those who live a significant distance from the office, during inclement weather, or at the discretion of Dr. Mulliken.

**Prior to a phone or video appointment, a valid credit card, flexible spending or health savings account card will need to be provided. The fee will be charged at the end of the call, and a receipt mailed to you upon charging your card.**

## **Vibration Plate Fee**

2 sessions per week, 15 min. each: **\$45**

## **Low Level Laser Treatment Fees**

First Visit: **\$550.00 / 90 min. (includes LLLT)**

THOR LLLT Multiple Areas: **\$ 90.00**

EVRL/GVL LLLT Multiple Areas: **\$ 45.00**

FX-635 LLLT (1<sup>st</sup> injury site): **\$110.00**

FX-635 LLLT (2<sup>nd</sup> injury site): **\$ 55.00 (offered at half price\*)**

\* Total for 2 areas treated in same appointment w/ FX-635 is **\$165.00**.

The protocols are usually twice weekly for 3-6 weeks depending on the injury and rate of recovery.

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## **Styku 3D Body Scan Fee**

1 3D Body Scan: **\$50.00**

## **Zerona Treatment Fees (Packages)**

First Visit w/ Evaluation: 45 min. **\$185.00**

Zerona VZ8 Treatment Package (*for Fat Loss, twice/wk*)

(8 Sessions w/ Zerona VZ8, Vibration Plate and 2 Styku Body Scans): 45 min. **\$1,800.00**

Zerona VZ8 Treatment Package (*for Other, once/wk*)

(5 Sessions w/ Zerona VZ8, Vibration Plate and 2 Styku Body Scans): 45 min. **\$1,125.00**

Zerona VZ8 Treatment Package (*for Other, once/wk*)

(5 Sessions w/ Zerona VZ8 and Vibration Plate): 45 min. **\$1,000.00**

Additional Individual Zerona VZ8 Sessions: 45 min. **\$ 225.00 each**

Additional Styku Body Scans: **\$ 50.00 each**

**Payment in full is required when you schedule your Zerona treatment sessions.**

## **Zerona Scheduling**

**First Visit w/ Evaluation (45 min.) followed by first Styku Scan, Zerona Treatment and Vibration Plate (45 min.):**

### **Zerona Treatments:**

\* For those patients that can come twice a week:

**Monday and Thursday or Tuesday and Friday.**

\* For those patients that can only come once a week:

**Monday through Friday.**

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## Office Policies 2026

*After reading the Office Policies, please **print your initials** on the line next to each topic below, **SIGN at the bottom**, and return only this page to our office.*

I agree to **confirm my appointments in a timely manner and understand that if the office does not receive a reply from me by phone or email by 3:00pm the day before my appointment, I forfeit my scheduled time slot.**

I agree to **refrain from wearing any essential oil, musk, cologne, perfume or scented lotion when coming to this office**, out of respect to other patients and staff who may be sensitive to solvents.

I agree that **all lab test results will be discussed at my follow-up visit with the doctor. I will not call the office to request the results of laboratory testing.** I understand that if there is a need for a change in my treatment plan due to a lab result, the office will contact me to discuss the changes. Otherwise, testing will be reviewed at my follow-up visit.

I will have the lab, hospital or doctor's office send us the **official report** of procedures done outside this office. I agree not to send screenshots, photos, or lab results/reports from my patient portal.

I agree **not to call the office and ask to speak to Dr. Mulliken unless I am having a significant problem or a medical emergency.** I understand that time constraints only allow him to return phone calls during office hours if it is an urgent medical matter that cannot wait. Please leave a brief message with our staff or on our voicemail. You may also send email correspondence to our general inbox, as it aligns with our guidelines on Page 5.

It is our desire to have all of our patients quit smoking permanently, but if I continue to smoke, I agree to **abstain from smoking for at least 2 hours before my visit.**

**I have read and understood all Office Policies of Sacred Heart Center, and I agree to be bound by its terms. I also understand such terms may be amended from time to time by the practice.**

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Signature of Patient or Guardian (if under the age of 18)

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Date

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Print Name

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## New Patient Information Form (Please Print)

### **Patient Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### ***Mailing Address***

Street \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Work Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### ***Primary Care Physician***

Name \_\_\_\_\_

Phone \_\_\_\_\_

Your Last Visit \_\_\_\_\_

### ***Emergency Contact (REQUIRED)***

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### **Spouse Information (Parent, if minor)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### ***Mailing Address***

Street \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Work Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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## **Authorization to Disclose Healthcare Information**

Sacred Heart Center for Health and Healing regards the safeguarding of your confidential health care information as an important duty. The elements of this authorization to disclose Healthcare Information are required by state law for your protection and to ensure your informed consent to the disclosure of health care information necessary to support your relationship with your physician. It will only be used for emergencies.

I, \_\_\_\_\_, authorize Sacred Heart Center for Health and Healing,  
(Please print)

to disclose my health care information with health care practitioners and health care facilities who are involved in providing health care and with my family who are providing me with emotional support as I receive health care services. Also, I authorize Sacred Heart Center for Health and Healing to disclose my health care information to my health insurance carrier, utilization review organization, or benefit manager or any third party who may be responsible for the payment for services rendered to me.

My health care information, which is the subject of this document, includes information, written or not, about the preventative, diagnostic, or treatment services provided to me and that may be used to identify me. It will also include any laboratory test results order by this office.

Depending upon the services I request from my physician, this information may include information about treatment for sexually transmitted disease, mental health, or substance abuse. This authorization to disclose will remain in effect for all subsequent exchanges of health care information for the limited purposes outlined within this authorization, unless I revoke it in a written request.

I understand that I may refuse to disclose all or some health care information and that I may revoke this authorization at any time by providing my physician with a written, signed, and dated request. However, I understand that my refusal to disclose all or some health care information or to provide this authorization at this time or to revoke it later, may result in improper diagnosis or treatment, denial of coverage from a claim for health benefits or other insurance, or other adverse consequences.

Should you wish to have a copy of this authorization, please ask the office staff.

We will provide a separate **Authorization to Release or Obtain Records** form for all other record requests.

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Signature of Patient, Parent or Legal Guardian

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Date

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## **Welcome to Our Practice**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Reason you are here: \_\_\_\_\_  
\_\_\_\_\_

Medications you are taking: \_\_\_\_\_  
\_\_\_\_\_

Supplements you are taking: \_\_\_\_\_  
\_\_\_\_\_

Allergies to Drugs: \_\_\_\_\_

### **Past Medical History (Circle what you have)**

1. Stroke / Coronary Disease: Heart Attack / Elevated BP and/or Elevated Cholesterol
2. Cancer (Type \_\_\_\_\_) Diabetes Type I or II / Neuropathy / Liver Disease: Cirrhosis / Hepatitis / Fatty Liver / Ulcer
3. Osteoporosis / Osteoarthritis / Thyroid Disease / Auto Immune Disease / GERD
4. Asthma / Bronchitis / Emphysema / Pneumonia (what year \_\_\_\_\_)
5. Lyme Disease / Tick Borne Illness / Depression / Anxiety / STD / HIV / Blood Transfusion (yr \_\_\_\_\_)

**Surgeries / Hospitalizations** \_\_\_\_\_

**Social History:** Occupation \_\_\_\_\_ Married / Single / Divorced / Widowed

**Use of Tobacco:** Never / Previously, but quit / Still Smoke / # Packs per Day \_\_\_\_\_

**Use of Alcohol:** Never / Rare / Daily # of Drinks per (Day \_\_\_\_\_) (Week \_\_\_\_\_) (Month \_\_\_\_\_)

**Family History / Mother:** Alive or Deceased / List Major Illnesses \_\_\_\_\_

**Father:** Alive or Deceased / List Major Illnesses \_\_\_\_\_

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## **Please Circle the Symptoms That You Have**

Name: \_\_\_\_\_

### **General Well Being**

Date: \_\_\_\_\_

Malaise (Not feeling well)  
Fatigue / Tiredness – (can be extreme) Exhaustion  
Early Experience of Flu-like symptoms, especially when not in “Flu Season”  
Symptoms seem to come and go or cycle in patterns  
Decreased interest in Activities of Daily Living or for Children decreased interest in Play  
Unexplained Fevers (High or Low Grade)  
Chronic Reoccurring Infections (Ears, Eyes, Kidney or Sinuses)  
Rash – Does not have to be a “Bulls Eye”

### **Head & Neck**

Headache / Pressure in Head  
Twitching or Paralysis  
Sensations of Numbness / Tingling Sensations of Face  
Jaw Pain or Symptoms of TMD (Temporal Mandibular *Joint* Dysfunction)  
Stiff Neck  
Sore Throat / Swollen Glands in Face & Neck  
Hoarseness / Difficulty with Chewing or Swallowing  
Changes in sense of Smell or Taste  
Persistent Sinus Congestion or Infection

### **Eyes / Vision**

Double or Blurry Vision  
Drooping Eyelid / Eye Pain  
Floaters or Spots in Field of Vision / Seeing “Flashing Lights”  
Sensitivity to Light  
Decreased Perception of Light or Color  
Visual Changes (Corneal Lesions, Retinal Damage, Loss of Vision)  
Recurrent Eye Infection or Inflammation

### **Ears/ Hearing**

Decreased Hearing in one or both Ears  
Ear Pain  
Ringing or Buzzing in one or both Ears  
Increased Sensitivity to Sound

### **Digestive System / Urogenital System**

Increased Diarrhea or Constipation  
“Upset” Stomach (Nausea, Vomiting, Pain, Increase in Acid Reflux)  
Unexplained Weight Gain or Loss  
Loss of Appetite  
Pain on Urination / Urgency / Frequency / Hesitancy to Urinate  
Pain in Testicles / Vaginal Pain

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## **Musculoskeletal System**

**Symptoms p. 2**

Joint Pain, Swelling or Stiffness  
Migrating Joint Pain (Moves from one Joint to Another)  
Muscle Pain or Muscle Cramps  
Burning Sensation of Feet / Pain in Feet upon Walking  
Increased Joint and Muscle Pain after Exercise

## **Respiratory / Circulatory System**

Cough / Difficulty with Breathing / Difficulty taking a Deep Breath / Air Hunger  
Shortness of Breath / Chest Pain / Rib Pain or Soreness  
Night Sweats / Chills  
Heart Pain / Palpitations / Skipped or Extra Beats / Rapid Heart Rate  
Diminished Exercise Tolerance  
Swelling of Hands or Feet  
\*Heart Diagnosis of 2<sup>nd</sup> degree AV Block / Right Bundle Branch Block

## **Endocrine System**

Excessive Thirst / Hunger / Urination  
Intolerance to Heat or Cold  
Dry Hair / Hair Loss / Brittle Nails

## **Neurologic System**

Weakness or Paralysis of Limbs  
Tremor or Un-explained Shaking  
Numbness or Tingling (Pins & Needles Sensation) in Extremities  
Poor Balance, Difficulty Walking, Dizziness  
Lightheadedness, Fainting  
Pronounced Motion Sickness  
\*May have a Diagnosis of Seizures  
\*White Matter Lesions seen on MRI

## **Mental Capabilities / Cognition**

Forgetfulness, Memory Loss (Short or Long)  
Poor School or Work Performance  
Confusion, Difficulty with Thinking  
Difficulty with Concentration, Reading or Spelling  
Disorientation: Getting lost or going to the wrong place  
Difficulty with Speech (Slowed, Slurred or Stammering)  
Word Searching or Word Retrieval Problems  
Difficulty with Writing / Dyslexia-Type Reversals  
Forgetting how to perform a simple task  
Difficulty with simple math equations

## **Psychiatric**

Anxiety / Panic / Panic Attacks  
Paranoia / Worries all the Time / Unusual Fears  
Violent Behavior / Rage / Irritability  
Rapid Mood Swings that may mimic Bipolar Disorder  
\*Diagnosis of OCD / ADD / ADHD / Autism-like Syndrome

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**Note:**

If you are not coming in for Tick-Borne Illness, you do not need to complete the remaining pages.

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## Informed Consent for Treatment of Persistent Lyme Disease

There is considerable uncertainty regarding the diagnosis and treatment of Lyme Disease. No single diagnostic and treatment program for Lyme Disease is universally successful or accepted. Medical opinions are divided, and two schools of thought regarding diagnosis and treatment exist. Each of the two standards of care is described in peer-reviewed, evidence-based treatment guidelines. Until we know more, patients must weigh the risks and benefits of treatment in consultation with Dr. Mulliken.

**Your Diagnosis:** This diagnosis of Lyme Disease is primarily a clinical determination made by Dr. Mulliken based on your exposure to ticks, your report of symptoms, and your doctor's observation of signs of the disease, with diagnostic tests playing a supportive role.

Doctors differ in how they diagnose Lyme Disease.

- Some physicians rely on the narrow surveillance case criteria of the CDC for clinical diagnosis even though the CDC cautions against this approach. These physicians will fail to diagnose some patients who actually have Lyme Disease. For these patients, treatment will either not occur or will be delayed.
- Other physicians use broader clinical criteria for diagnosing Lyme Disease. These physicians believe it is better to err on the side of treatment because of the serious consequences of failing to treat active Lyme Disease. These physicians sometimes use the antibiotic responsiveness of a patient to assist in their diagnosis.

Dr. Mulliken also may need to rule out other possible causes of your symptoms, such as Arthritis, Lupus, Syphilis, Reiter's Syndrome, MS, CFS, and FMS. If you are unclear of your diagnosis, be sure to discuss this with him.

**Your Treatment Choices:** The medical community is divided regarding the best approach for treating persistent Lyme Disease. Some physicians think that the long-term effects of Lyme Disease are caused by damage to the immune system and are therefore unaffected by antibiotics. Others believe that the infection persists, is difficult to eradicate, and therefore requires long-term treatment with intravenous, intramuscular, or oral antibiotics, frequently in high and/or combination doses.

Your treatment options include:

1. Not pursuing antibiotic treatment and, if appropriate, seeking symptomatic relief for your continuing symptoms;
2. Treating your illness with antibiotics until clinical resolution of your symptoms, regardless of duration of treatment; or
3. Treating your illness with antibiotics for thirty days only.

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If you elect to pursue antibiotic treatment, you will be treated with antibiotics selected to address the Lyme bacteria as well as any other tick-borne co-infections you may have, such as Ehrlichiosis, Babesiosis, or Bartonellosis. Dr. Mulliken will sometimes recommend IV medications when there is neurological involvement, carditis, complicated Lyme arthritis, or inadequate response to oral medications. Sometimes treatment consists of IV antibiotic treatment followed by oral antibiotics. Other classes of drugs may be needed to treat non-bacterial tick-borne diseases such as Babesiosis.

**Potential Benefits of Treatment:** Antibiotic treatment may result in improvement in your clinical condition. Although there is substantial evidence that most patients improve with continued treatment, not all patients improve with treatment.

Patient response varies widely:

- Some patients experience substantial improvement of their symptoms and do not require further treatment.
- Some patients feel worse initially during treatment, before improving.
- Some patients improve with antibiotic treatment, but relapse when treatment is stopped, and
- Some patients do not respond to antibiotic treatment. Sometimes persistent symptoms represent permanent changes to a patient's body, in which case further antibiotic treatments may be of no further benefit. Other times the illness progresses but, for unknown reasons, does not respond to additional treatment.

**Risk of Treatment:** There are potential risks involved in using any treatment. Some of the problems with antibiotics can include allergic reactions, which may manifest as rashes, swelling, and difficulty with breathing. These problems may require medication to reverse the allergic reaction and may require emergency treatments. Other potential complications include stomach and bowel upset, abdominal pain, diarrhea, or bowel irritation, which may require interruption of the antibiotic and prescribing other medications to manage the digestive upset. It is also possible that secondary infections such as yeast infection of the skin, mouth, intestinal, and genital tracts may occur in some people, causing discomfort and the need for corrective therapies. Although unlikely, it is possible that other problems such as adverse effects on liver, kidneys or other organs may occur. For oral antibiotics, it is estimated that the risk of major side effects is 1 in 10,000 (very small) and the risk of minor side effects is 4 in 100 (slightly greater).

**Factors to Consider in Your Decision:** No one knows the optimal treatment of symptoms that persist after being diagnosed with Lyme Disease and treated with a simple short course of antibiotic therapy. The appropriate treatment may be supportive therapy without the administration of any additional antibiotics. Or, the appropriate treatment might be additional antibiotic therapy. If additional antibiotic therapy is warranted, no one knows for certain exactly how long to give the additional therapy. By taking antibiotics for longer periods of time, you place yourself at greater risk of developing the side effects. By stopping antibiotic treatment, you place yourself at greater risk that a potentially serious infection will progress. Antibiotics are

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the only form of treatment shown to be effective for treating Lyme Disease, but not all patients respond to antibiotic therapy. There is no currently available diagnostic test that can demonstrate the eradication of the Lyme bacteria from your body. Other forms of treatment designed to strengthen your immune system also may be important. Some forms of treatment are only intended to make you more comfortable by relieving your symptoms and do not address any underlying infection.

Your decision about continued treatment may depend on a number of factors and the importance of these factors to you. Some of these factors are listed below:

- The severity of your illness and degree to which it impairs your quality of life.
- Whether you have co-infections, which can complicate treatment.
- Your ability to tolerate antibiotic treatment and the risk of major and minor side effects associated with the treatment.
- Whether you have been responsive to antibiotics in the past.
- Whether you relapse or your illness progresses when you stop taking antibiotics.
- Your willingness to accept the risk that, left untreated, a bacterial infection potentially may get worse.

For example, if your illness is severe, significantly affects the quality of your life, and you have been responsive to antibiotic treatment in the past, you may wish to continue your treatment. However, if you are willing to accept the risk that the infection may progress or if you are not responsive to antibiotics, you may wish to terminate treatment. Be sure to ask Dr. Mulliken if you need any more information to make this decision.

**Please complete only if you are coming in for Tick-Borne Illness.**

**Based on this information, I have decided: (check one)**

- To treat my Lyme Disease with antibiotics until my clinical symptoms resolve.
- Only to treat my Lyme Disease with antibiotics for thirty days, even if I still have symptoms.
- Not to pursue antibiotic therapy.
- To treat my Lyme Disease with antibiotics for 1 month, and then re-evaluate. I may decide to continue antibiotic or discontinue with the possibility of utilizing other alternative treatments. I accept that this may lead to treatment failure and that this is my choice and not a consequence of poor medical practice on the part of Dr. Mulliken.

To my knowledge, I am not allergic to any antibiotic except those listed here: \_\_\_\_\_

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Signature of Patient

Date

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Print Name