MCSDisability.com
Published by the Institute for Environmental & Invisible Illness

Doctor-Visit Packet

For people with Multiple Chemical Sensitivity (MCS / TILT)

How to use this packet. Fill in the highlighted fields before your appointment, print it, and hand it to your clinician at the start of the visit. It is designed to make your history organized and your requests specific, so you walk out with a plan instead of a shrug. Replace every *[bracketed field]* with your own information and delete anything that does not apply.

Educational template — not medical advice. This packet helps you organize and communicate your own history and questions. It is not a diagnosis, not a prescription, and not a substitute for professional medical judgment. Your clinician decides what testing and treatment are appropriate for you. Nothing here guarantees any particular test will be ordered or covered.

1. Your information

Name: *[full name]* Date of birth: *[DOB]* Today's date: *[date]*
Primary concern in your words: *[e.g., I react to fragrances and common chemicals with headaches, brain fog, and breathing trouble]*

2. What this condition is

Multiple Chemical Sensitivity (MCS), also described as Toxicant-Induced Loss of Tolerance (TILT), is a physiological condition in which low-level exposures to fragrances and common chemicals trigger real, reproducible symptoms. It is recognized by health authorities internationally. A 2024 letter in the *Journal of Allergy and Clinical Immunology: In Practice* cautioned specifically against dismissing these patients as psychological by default and called for taking the physical complaint seriously.
Coding note for the clinician: there is no single dedicated ICD-10-CM code for MCS; it is often recorded under a related code such as T78.40 (allergy, unspecified) or documented as idiopathic environmental intolerance. Please code as you judge appropriate.

3. Symptom + timeline log

A few representative reactions are below. *Add rows or attach the MCS Exposure & Symptom Tracker for the full pattern.*

Date	Exposure (what + where)	Symptoms	Severity 1–10	Recovery time

4. Initiating-exposure (TILT) history

- Major exposure event(s) before symptoms began (renovation, mold/water damage, pesticide, solvents, fire, chemical spill, illness): *[describe]*
- When did the sensitivity begin, and did it spread to more substances over time? *[describe]*
- What triggers you most now, and at what kind of dose? *[describe]*

5. QEESI self-score summary

The QEESI is a validated chemical-intolerance screening questionnaire. Complete it at MCSDisability.com/self-assessment and enter your scores here so your clinician can see them at a glance.

QEESI domain	My score
Chemical Intolerance	*[ ]*
Symptom Severity	*[ ]*
Other Intolerance	*[ ]*
Life Impact	*[ ]*
Masking Index	*[ ]*

6. Tests and referrals I'd like to discuss

These are requests to discuss, not demands — you decide what is appropriate. Check the ones that apply.

Done/ req	Test or referral	Why I'm asking
☐	Referral to an environmental / occupational medicine specialist	The clinicians most experienced with chemical intolerance and total-load management.
☐	Standard metabolic, chemistry, CBC and thyroid panels	To rule out other causes and establish a baseline; "normal" results don't exclude MCS.
☐	Standard IgE allergy testing	To distinguish classic allergy from non-IgE chemical intolerance.
☐	HLA-DR genotyping	To check biotoxin/mold susceptibility, which can point to a treatable condition underneath the sensitivity.
☐	If HLA-susceptible or mold history — CIRS biomarker panel (e.g., C4a, TGF-β1, MMP-9, VCS)	To evaluate a mold/biotoxin contribution; discussed within the Shoemaker framework, which is not universally established.
☐	Mycotoxin urine panel + home environmental testing (ERMI / HERTSMI-2)	To assess mold exposure when water damage or musty environments are in the history.
☐	Pharmacogenomic / detox-enzyme variant testing	To understand how I metabolize medications and chemicals before prescribing.

7. A short "what to say" script

"I have a documented pattern of physical reactions to low-level chemical exposures. I'm not asking you to take it on faith — I've brought my history, my QEESI scores, and a symptom log. I'd like to rule out other causes and talk through the tests and the specialist referral on this list. Can we decide together which ones make sense as a starting point?"

Reminder: this is an educational tool you fill in and share, not medical advice or a guarantee of

care. Bring questions, not conclusions, and let your clinician guide testing and treatment. © 2026 MCSDisability.com · Published by the Institute for Environmental & Invisible Illness.