



Dysautonomia Clinical Assessment Form	
Chief Complaint	In a few words, what is the main problem bothering you that brings you here today?
History of Present Illness	<p>When was the last time you felt completely healthy?</p> <p>What was the first thing that went wrong?</p> <p>What happened next?</p> <p>Have you noticed anything that makes the problem worse or better?</p> <p>What treatments have been tried, and how did you respond?</p> <p style="text-align: center;"><i>(Note: These questions only cover some aspects of autonomic screening.)</i></p>
Autonomic Review of Systems	<p>Who does your shopping?</p> <p>Are you able to tolerate standing, exercise, heat, a large meal?</p> <p>Do you sweat like other people?</p> <p>Do you make spit like other people?</p> <p>Have you noticed any problems with urination?</p> <p>Have you noticed any problems with bowel movements?</p> <p>Have you noticed any problems with sexual function?</p>
Prescribed or OTC Medications and Supplements	(Make note of any which may affect hemodynamics and/or main chemical messengers of the ANS such as NE, EPI, and/or Ach.)
Past Hx	

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Family Hx	
Personal and Social Hx	
Physical Exam	Water bottle sign? Signs of pooling in blood in feet? Cyanosis, dependent edema?
Orthostatic Vitals Test	Normal/Abnormal?
Chief Complaint	
History of Present Illness	
Autonomic Review of Systems	

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