

AUTONOMIC DISORDERS 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>

<p>Prescribed or OTC Medications and Supplements</p>	<p>(Make note of any which may affect hemodynamics and/or main chemical messengers of the ANS such as NE, EPI, and/or ACh)</p>
<p>Past Hx</p>	
<p>Family Hx</p>	
<p>Personal and Social Hx</p>	
<p>Physical Exam</p>	<p>Water bottle sign?</p> <p>Signs of pooling in blood in feet? Cyanosis, dependent edema?</p> <p>Joint hyper mobility as seen in hyper mobile Ehlers-Danlos Syndrome?</p> <p>Inflammatory skins conditions as seen in mast cell activation disorders?</p>
<p>Orthostatic Vitals Test</p>	<p>Normal/Abnormal?</p>