THE DYSAUTONOMIA PROJECT

Autonomic Disorders Clinical Assessment Form

This form is designed for clinicians to use as a guide in assessment of autonomic nervous system disorders.

Chief complaint	In a few words, what's the main problem that brings you here? How does this problem affect your function throughout a day?
History of present illness	When was the last time you felt completely healthy? What was the first thing that went wrong? What happened next? Have you noticed anything that makes the problem worse or better? Have you had to go to the ER or hospital because of this issue? What treatments have been tried? And how did you respond?
Autonomic review of systems	**Function/Orthostatic intolerance:** -Who does your shopping? -Are you able to tolerate standing still for long periods of time? -Do you get lightheaded when you stand up? -Are you able to exercise like other people? **Thermoregulation:** -When it is hot out, do you experience heat like other people? -Do you overheat easily, or have trouble cooling down? -When it is cold out, do you experience cold like other people? **Secretomotor:** Do you sweat like other people? Are you able to make spit and tears like other people? **Genitourinary:** Have you noticed anything different with urination? Are you able to have an erection and ejaculate? (in men) Do you have sufficient vaginal fluid and sexual libido? (in women) **Neurological:** Have you noticed problems with brain fog, cognitive function? Do you get headaches? Migraines? **Cardiovascular:** Have you noticed problems with lightheadedness, circulation, chest pain, palpitations? **Gastrointestinal:** Have you noticed anything different about how your GI system is working? **Pulmonary:** Have you had any difficulty with shortness of breath or air hunger? **Pupillary:** Have you had any difficulty with flashing or bright lights, visual disturbances?
Prescribed or OTC medications/supplements	(Make note of any which affect blood pressure, heart rate and/or main chemical messengers of the ANS – NE, EPI, ACh)
Past Hx	Have you been diagnosed with common coexisting conditions? (EDS, ME/CFS, Autoimmune diseases, diabetes, Parkinson's, MCAS, etc)
Family Hx	
Social Hx	
Physical exam	Crossing or elevating legs? Peripheral cyanosis? Pupillary light reaction?
Active stand test	Normal / Abnormal?
Laboratory tests	Varies by case