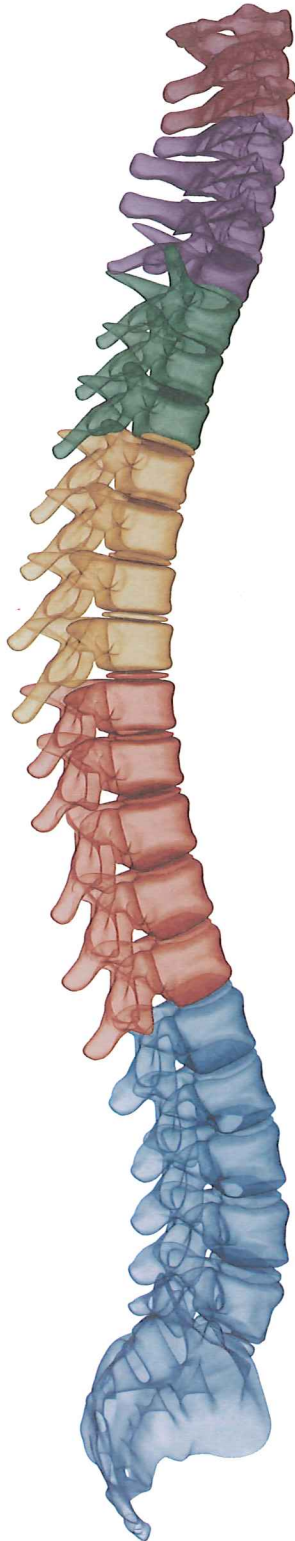# Patient Review of Systems

THE NERVOUS SYSTEM CONTROLS AND COORDINATES ALL ORGANS AND STRUCTURES OF THE HUMAN BODY

Please check the corresponding boxes for each symptom or condition you have experienced – including both past and present.

REGIONS	FUNCTIONS	SYMPTOMS (Past / Present)		(Past / Present)
Cervical	• Autonomic Nervous System • ENT System • Vision, Balance & Coordination • Speech • Immune System • Digestive System • Nerve Supply to Shoulders, Arms & Hands • Sympathetic Nucleus • Metabolism	☐ ☐ Colic & Excessive Crying ☐ ☐ Ear & Sinus Infections ☐ ☐ Allergies & Congestion ☐ ☐ Immune Deficiency ☐ ☐ Headaches & Migraines ☐ ☐ Vertigo & Dizziness ☐ ☐ Sore Throat & Strep ☐ ☐ Swollen Tonsils & Adenoids ☐ ☐ Vision & Hearing Issues ☐ ☐ Low Energy & Fatigue ☐ ☐ Difficulty Sleeping ☐ ☐ Pain, Numbness & Tingling in Arms to Hands		☐ ☐ Epilepsy & Seizures ☐ ☐ Sensory & Spectrum ☐ ☐ ADD / ADHD ☐ ☐ Focus & Memory Issues ☐ ☐ Anxiety & Stress ☐ ☐ Balance & Coordination ☐ ☐ Speech Issues ☐ ☐ TMJ / Jaw Pain ☐ ☐ Stiff Neck & Shoulders ☐ ☐ Depression ☐ ☐ High Blood Pressure ☐ ☐ Poor Metabolism & Weight Control
Upper Thoracic	• Upper G.I. • Respiratory System • Cardiac Function	☐ ☐ Reflux / GERD ☐ ☐ Chronic Colds & Cough ☐ ☐ Asthma		☐ ☐ Bronchitis & Pneumonia ☐ ☐ Functional Heart Conditions
Mid Thoracic	• Major Digestive Center • Detox & Immunity	☐ ☐ Gallbladder Pain / Issues ☐ ☐ Jaundice ☐ ☐ Fever		☐ ☐ Indigestion & Heartburn ☐ ☐ Stomach Pains & Ulcers ☐ ☐ Blood Sugar Problems
Lower Thoracic	• Stress Response • Filtration & Elimination • Gut & Digestion • Hormonal Control	☐ ☐ Behavior Issues ☐ ☐ Hyperactivity ☐ ☐ Chronic Fatigue ☐ ☐ Chronic Stress		☐ ☐ Allergies & Eczema ☐ ☐ Skin Conditions / Rash ☐ ☐ Kidney Problems ☐ ☐ Gas Pain & Bloating
Lumbar, Sacrum & Pelvis	• Lower G.I. (Absorption & Motility) • Gut-Immune System • Major Hormonal Control	☐ ☐ Constipation ☐ ☐ Crohn's, Colitis & IBS ☐ ☐ Diarrhea ☐ ☐ Bed-wetting ☐ ☐ Bladder & Urination Issues ☐ ☐ Cramps & Menstrual Issues ☐ ☐ Cysts & Endometriosis ☐ ☐ Infertility ☐ ☐ Impotency ☐ ☐ Hemorrhoids		☐ ☐ Sciatica & Radiating Pain ☐ ☐ Lumbopelvic / SI Joint Pain ☐ ☐ Hamstring Tightness ☐ ☐ Disc Degeneration ☐ ☐ Leg Weakness & Cramps ☐ ☐ Poor Circulation & Cold Feet ☐ ☐ Knee, Ankle & Foot Pain ☐ ☐ Weak Ankles & Arches ☐ ☐ Lower Back Pain ☐ ☐ Gluten & Casein Intolerance

Patient Name: _____

Date: ___ / ___ / ___