

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

Patient Name: _____

Date: _____