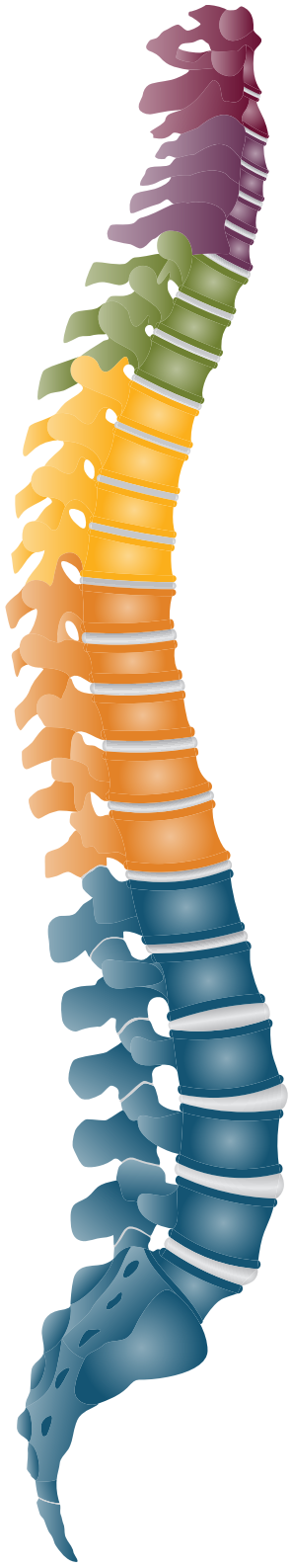
Patient Review of Systems

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 • 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	☐	☐
		Chrohn'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: ___/___/___

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