

ANS (Autonomic Nervous System) Anamnesis

Clinician-completed during the visit, with the patient present.

Patient		ID / MRN	
Visit date		Clinician	
DOB		Sex	

A. Context & main complaint

1. What is the main reason for today's visit? (1-2 lines)	
2. When did the symptoms start? (date / approximate)	
3. Was there a trigger? (infection, surgery, trauma, stress, pregnancy, medication change, travel, unknown)	☐ Infection ☐ Surgery ☐ Trauma ☐ Stress ☐ Pregnancy ☐ Med change ☐ Travel ☐ Unknown
4. Pattern: constant / episodic / progressive / fluctuating	☐ Constant ☐ Episodic ☐ Progressive ☐ Fluctuating
5. Severity rating	Today Worst 2 wks
6. Top 3 goals for treatment (sleep / pain / fatigue / anxiety / function / other)	

B. Sleep & circadian

7. Do you have trouble falling asleep?	☐ Yes ☐ No Min:
8. Do you wake up during the night? (how many awakenings)	☐ Yes ☐ No
9. Do you wake up too early and can't return to sleep?	☐ Yes ☐ No
10. Do you feel restored after sleep? (0-10)	
11. Do you nap during the day? (never / sometimes / daily; minutes)	
12. Shift work / frequent time-zone travel / late-night eating? (details)	

C. Orthostatic & cardiovascular

13. Dizziness/lightheadedness when standing up?	Freq Sev Never / Sometimes / Often / Daily
14. Have you fainted or nearly fainted in the last 12 months?	☐ Yes ☐ No
15. Palpitations or rapid heartbeat episodes? (triggers; chest discomfort?)	☐ Yes ☐ No
16. Symptoms worse after heat, shower, dehydration, or long standing?	☐ Yes ☐ No
17. Cold hands/feet or color changes (pale/blue/red)?	☐ Yes ☐ No
18. Exercise intolerance (unusually tired or symptomatic with mild effort)?	☐ Yes ☐ No

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C. Orthostatic & cardiovascular

19. Known blood pressure issues (low / high / variable / unknown)
- | | |
|-----------------------------------|----------------------------------|
| ☐ Low | ☐ High |
| ☐ Variable | ☐ Unknown |

D. Respiratory / breathing regulation

20. Shortness of breath not explained by exertion? ☐ Yes ☐ No
21. Episodes of fast breathing / "air hunger" / tingling around mouth/hands? ☐ Yes ☐ No
22. Snoring, witnessed apneas, or waking up choking? ☐ Yes ☐ No

E. Gastrointestinal domain

23. Nausea Freq
Never / Sometimes / Often
24. Vomiting or retching episodes? ☐ Yes ☐ No
25. Reflux/heartburn? ☐ Yes ☐ No
26. Early fullness or poor appetite? ☐ Yes ☐ No
27. Abdominal pain/bloating (0-10; triggers)
28. Bowel pattern (constipation / diarrhea / urgency). Include stool frequency/week.

F. Thermoregulation & sweating

29. Heat intolerance ☐ Yes ☐ No
30. Cold intolerance ☐ Yes ☐ No
31. Excessive sweating / night sweats ☐ Yes ☐ No
32. Reduced sweating or very dry skin compared to before ☐ Yes ☐ No
33. Flushing episodes (face/chest) or temperature swings ☐ Yes ☐ No

G. Genitourinary & sexual function

34. Urinary frequency/urgency or night-time urination (0 / 1 / 2 / 3+ per night)
35. Incontinence episodes (stress/urge) ☐ Yes ☐ No
36. Pain with bladder filling or urination ☐ Yes ☐ No
37. Sexual dysfunction concerns (optional) ☐ Yes ☐ No

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H. Pain, sensory symptoms & muscle tone

38. Chronic pain >3 months? (main locations)	☐ Yes ☐ No	
39. Neuropathic symptoms (burning, tingling, electric shocks, numbness)?	☐ Yes ☐ No	
40. Muscle tightness/spasticity/cramps or restless legs?	☐ Yes ☐ No	
41. Headache/migraine, jaw tension/bruxism, or facial pain?	☐ Yes ☐ No	

I. Fatigue, cognition, mood & safety

42. Persistent fatigue or post-exertional “crash” (worse after activity)?	☐ Yes ☐ No	
43. Brain fog / concentration problems	Freq	 Never / Sometimes / Often
44. Mood symptoms (anxiety and/or low mood / loss of interest)	Freq	 Never / Sometimes / Often
45. Any thoughts of self-harm or feeling unsafe? (activate clinic safety protocol if yes)	☐ Yes ☐ No	

Optional add-on fields

Medications (incl. OTC), supplements, caffeine/nicotine, hydration/salt intake, major diagnoses/surgeries, current care team:

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Objective tracking (HRV, sleep & cortisol)

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HRV (Heart Rate Variability) — at least 3 measurements

Date	HRV PRE	HRV POST	Notes

Cortisol measurements (1-3)

Date / time	Result (unit)	Notes

NESA sessions log (10 sessions)

First cycle: 10 sessions (minimum 2 sessions/week).

#	Date	Notes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Selected recent references

• Baker JR, Hira R, Uppal J, Raj SR. Clinical Assessment of the Autonomic Nervous System. Card Electrophysiol Clin. 2024;16(3):239–248. doi:10.1016/j.ccep.2024.02.001.

• Wieling W, Kaufmann H, Claydon VE, et al. Diagnosis and treatment of orthostatic hypotension. Lancet Neurol. 2022;21(8):735–746. doi:10.1016/S1474-4422(22)00169-7.

• Hovaguimian A. Dysautonomia: Diagnosis and Management. Neurol Clin. 2023;41(1):193–213. doi:10.1016/j.ncl.2022.08.002.

• Novak P, Systrom DM, Marciano SP, et al. Mismatch between subjective and objective dysautonomia. Sci Rep. 2024;14:2513. doi:10.1038/s41598-024-52368-x.

• O'Dell JA, Walker A, Latham AJ, et al. The Diagnostic Journey of Dysautonomia Patients: Insights from a Patient-Reported Outcome Study. J Patient Exp. 2025;12:23743735251314651. doi:10.1177/23743735251314651.

ANS (Autonomic Nervous System) Anamnesis

Sleep / actigraphy log (Days 1-42) — Baseline week Days 1-7 if no prior actigraphy.

Day	Date	Sleep eff. %	Total sleep (h)	REM (h)	Non-REM (h)	Awakenings (#)	Device	Notes
1								
2								
3								
4								
5								
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8								
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