

FRANKLIN CARDIOVASCULAR ASSOCIATES, PA

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Name

Date

Initial Visit AUTONOMIC QUESTIONNAIRE

CIRCLE WHICH SYMPTOMS YOU HAVE:

1 Lightheaded	2 Fainting and near fainting	3 Fatigue
4 Brain Fog or Mental cloudiness	5 Difficulty findings words	6 Short term memory loss
7 Sensory: hypersensitive to light, sound, motion, touch	8 Pins and needs in arms/legs	9 Numbness in hands and feet
10 Coat hanger pain in neck and shoulders	11 Migraine Headache	12 Tension headaches
13 Nausea, vomiting	14 Difficulty standing	15 Chest pain, palpitations
16 Short of breath	17 Hypermobility joints- Joints pop out	18 Depression, anxiety
19 Sweat too much	20 Sweat too little	21 Salivate too little, Dry mouth
22 Cold hands or feet	23 Dimmed vision	24 Dimmed hearing or ringing in ears
25 Does hot or cold weather bother you		