BEYOND THE NERVOUS SYSTEM

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your nervous system controls and regulates every cell of your body. We use this questionnaire to determine how well your nervous system may be functioning.

**Please let us know if we need to be mindful of the following:**

Drinking coffee or tea can excite the nervous system.

Have you had any of these caffeinated beverages today?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| * Yes
 |  |

 | * No
 | About \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cups |

Cola and other fizzy drinks contain caffeine and chemicals that can affect the nervous system.

How many have you had today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicotine is a nervous system stimulant.

Have you used any tobacco today?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| * Yes
 |  |

 | * No
 | How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Common over the counter medications can impact the nervous system.

Have you taken any of these types of medications today?

If Yes Please List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many prescription drugs and muscle relaxers affect the nervous system.

Have you taken any of this type of medication today?

If Yes Please List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had sunburn in the last 5 days?

|  |  |
| --- | --- |
| * Yes
 | * No
 |

Have you used bath salts, oils or sunscreen on your skin today?

|  |  |
| --- | --- |
| * Yes
 | * No
 |

Have you had a workout today? (Extensive walking, cardiovascular, weightlifting etc.)

|  |  |
| --- | --- |
| * Yes
 | * No
 |

Compared to a typical day, are you currently experiencing any type of emotional turmoil or stress?

|  |  |
| --- | --- |
| * Yes
 | * No
 |