

Functional Somatic Syndrome:

- ___ ___ Depression_____
- ___ ___ Chronic Fatigue Syndrome_____
- ___ ___ Irritable Bowel Syndrome_____
- ___ ___ Fibromyalgia_____
- ___ ___ Polysomatic Disorder_____
- ___ ___ Mood Swings/irritability_____
- ___ ___ Anxiety/Panic Attacks_____

Autonomic Nervous System:

- ___ ___ Hypotension (low blood pressure)_____
- ___ ___ Orthostasis-light headed when standing up_____
- ___ ___ Cold hands and feet_____
- ___ ___ Unexplained shaking at night_____
- ___ ___ History of latent bed wetting_____
- ___ ___ Night sweats_____

Dentition:

- ___ ___ Deep Overbite_____
- ___ ___ Several tooth/restoration fracture history_____
- ___ ___ Mortal-pestal dished out wear pattern 2nd molars_____
- ___ ___ Lower molar cusp lesions / acid erosion_____
- ___ ___ Excessive anterior crowding mand/max teeth_____
- ___ ___ Excessive anterior attrition/wear_____
- ___ ___ c/o sensitivity/pain to percussion anterior teeth_____
- ___ ___ Constricted envelope of function_____
- ___ ___ Accelerated generalized tooth wear_____
- ___ ___ Cervical abfraction lesions/recession_____
- ___ ___ Non-carious sensitivity_____

Orthodontic History:

- ___ ___ When treated (Ex:TMD, cosmetic, crowding)_____
- ___ ___ Retreats/Why_____
- ___ ___ Teeth Extracted?_____
- ___ ___ History of headgear_____
- ___ ___ History of palatal expansion_____
- ___ ___ History of functional appliances_____

Neurologic:

- ___ ___ Balance/Tripping_____
- ___ ___ Constipation_____
- ___ ___ Tingling in hands_____
- ___ ___ Pill rolling_____
- ___ ___ Hand/Arm hanging while walking_____
- ___ ___ Night time drooling_____
- ___ ___ Eczema_____
- ___ ___ OCD (Obsessive Compulsive Disorder)_____
- ___ ___ Ferratin Levels (Menses)_____

1. = Baseline
2. = Improvement