## **Vagus Nerve Damage Test**

Patient History	& Symptoms			
Patient Name:				
Age:				
Gender:	Male	Female	Other:	
Date:				
Symptom Chec	klist			
Tick the boxes if the patient reports experiencing any of the following symptoms indicative of potential vagus nerve damage:				
☐ Gastrointestinal issues (nausea, abdominal pain, bloating, changes in bowel habits)  Remarks:				
<ul><li>Dysphagia or significant changes in eating habits</li><li>Remarks:</li></ul>				
☐ Breathing difficulties without identified cause  Remarks:				
☐ Rapid heart rate or palpitations  Remarks:				
□ Voice alterations (hoarseness, vocal fatigue) Remarks:				
☐ Episodes of fainting or dizziness  Remarks:				

Physical Examination
Examination Areas:
Cardiovascular:
☐ Irregular heartbeats detected
☐ Abnormal rest heart rate/blood pressure
Remarks:
Respiratory:
☐ Breathing pattern irregularities
☐ Abnormal lung function
Remarks:
Gastrointestinal:
☐ Signs of gastroparesis or other abnormalities
Remarks:
Larynx & Pharynx:
□ Vocal cord dysfunction
☐ Swallowing reflexes affected
Remarks:
Diagnostic Tests
Note which diagnostic tests have been ordered or conducted, along with any relevant observations.
Blood Tests:
☐ CBC, metabolic panel, thyroid functions
Remarks:
Cardiology Tests:
☐ ECG, Holter monitor
Remarks:
Pulmonary Tests:
☐ Respiratory function tests
Remarks:

Gastrointestinal Tests:
☐ Upper GI endoscopy, gastric emptying study
Remarks:
Neurological Tests:
☐ Laryngoscopy, MRI or CT scans
Remarks:
Vagal Stimulation Tests
Gag Reflex Test:
☐ Observed gag reflex
Remarks:
Cough Reflex Test:
☐ Observed cough reflex
Remarks:
Heart Rate Variability Test:
☐ Changes in heart rate with breathing
Remarks:
Referral
If vagus nerve damage is suspected, note any specialist referrals here:
Referred to Neurologist:
Date / Notes:
Referred to Gastroenterologist:
Date / Notes: