

Pre-Scan Checklist for: Date:	/ /
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	Your nervous system controls and regulates every cell of your body. We use an instrument that reveals how well your nervous system is working.
PLI	EASE LET US KNOW IF WE NEED TO BE MINDFUL OF THE FOLLOWING:
Have you	g coffee or tea can excite the nervous system. u had any of these caffeinated beverages today? Yes About cups
Have you	nks contain caffeine and chemicals that can affect the nervous system. u had any sodas today? Yes How Many?
Have you	is a nervous system stimulant. u had any tobacco today? Yes How much?
Have you	n, over-the-counter drugs can impact the nervous system. u taken any of these types of drugs today? Yes
Have you	escription drugs and muscle relaxers affect the nervous system. In taken any type of prescription medication today? Yes
Have you	e exposure to the sun affects the accuracy of your scan. u had a sunburn in the last 5 days? Yes
Have you	s, oils or sunscreen on your skin can influence instrument sensitivity. u used any of these products today? Yes
Have you	s physical activity can exaggerate your scan results. u had a workout today? Yes
Compare	epression, anxiety or emotional upsets can affect nervous system tension. ed to a typical day, are you currently experiencing an increased level of stress? Yes

Pulse:

BP:

O2:

Wt:

BF%:

VF:

BMI:

M%: