Vagus Nerve Damage Test

Patient information					
Patient name:	Age:				
Gender:	Date of test:				
Symptoms					
Tick the boxes if the patient reports experiencing a potential vagus nerve damage.	ny of the following symptoms indicative of				
Nausea					
Abdominal pain					
Bloating					
Changes in bowel habits					
Dysphagia					
Significant changes in eating habits					
Breathing difficulties without identified cause					
Rapid heart rate or palpation					
Voice hoarseness					
Vocal fatigue					
Mood variations					
Severe stress					
Fainting episodes					
Dizziness					
Other:					
Remarks:					
Physical examination					
Cardiovascular					
Irregular heartbeats detected					
Abnormal rest heart-rate/blood pressure					
Other:					

Remarks:				
Respiratory				
Breathing pattern irregula	rities			
Abnormal lung function				
Other:				
Remarks:				
Gastrointestinal				
Signs of gastroparesis				
Other abnormalities				
Other:				
Remarks:				
Larynx & pharynx				
Vocal cord dysfunction				
Swallowing reflexes affected				
Other:				
Remarks:				
Vagal nerve assessment				
Heart rate variability (HRV)				
Resting heart rate:	bpm	HRV score:	Reference range:	to
Remarks:				

Gag reflex
Response:
Normal
Reduced
Absent
Other:
Remarks:
Swallowing
Normal
Difficult
Unable
Other:
Remarks:
Speech and voice
Speech quality:
Normal
Hoarse
Nasal
Other:
Remarks:

Addition	al tacta	aandı	intod
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Note any additional assessment and diagnostic tests have been ordered or conducted, along with any relevant observations.

Test	Results	Remarks
Referral		
	cted, note any specialist referrals l	here.
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