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## **Autonomic Nervous System (ANS) and Endothelial Function (EndoD) Testing**

**Autonomic Nervous System (ANS)** is the nervous system that controls involuntary bodily functions such as Appetite, Mood, Blood Pressure, Heart Rate, Digestion, Bladder Function, Sexual Function... Damage to ANS can cause problems to above functions. **ANS testing** can help detect these problems.

**Endothelial cells** form the lining of all blood vessels, enabling the vessels to dilate as needed for increased blood flow, as well as to protect them from inflammation, cholesterol plaques... Damages to this endothelial lining or **Endothelial Dysfunction** is associated with increased risk of diabetes, strokes and heart disease. **Endothelial Function Testing** can detect these abnormalities and risks.

**Autonomic Nervous System (ANS) and Endothelial Function Testing assess the following Risk Factors:**

1. **Autonomic Nervous System dysfunction:** Involuntary functions
2. **Sudomotor Dysfunction:** Sweat Gland function
3. **Endothelial Dysfunction:** Risk of heart attack and stroke
4. **Insulin Resistance:** Risk of developing Diabetes
5. **Cardiometabolic Risk:** Risk of heart disease and metabolic disorders such as metabolic syndrome
6. **Small Fiber Neuropathy:** Can start as numbness and tingling in hands and feet
7. **Cardiac Autonomic Neuropathy:** The nerves that innervate the heart
8. **Cardiovascular disease via plethysmography:** Combined total of the other 7 risk factors

I understand that The Wright Center for Women's Health routinely does this test along with other screening tests such as labs, pap smear and physical examination with my annual exam to help The Wright Center Providers to assess my overall well-being, manage my health and help to motivate me to immediate action as well as monitor the progress of any interventions taken which often includes recommendations such as exercise, supplements, healthy eating and adequate rest. This exam provides vital information about the early detection of possible diseases and complications that could be reversed.

Please initial by the appropriate statement:

\_\_\_\_\_ ANS test to be completed

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

\_\_\_\_\_ I decline to complete ANS test

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

Client's Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

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