Questionnaire for Children with Autism & Related Developmental and/or Attention Problems

(Adapted from ARI Questionnaire c/o Sidney M. Baker, M.D.)

**Note:** In this questionnaire “you” is used as if the child were answering questions, avoiding repetition of him/her**.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name:** | | | | | **MI:** | | **Last Name:** | | | | |
| Birthdate (mm/dd/yy):  / / | | Birth Order: | | | | Place of Birth (city, state, country): | | | | | |
| Male  Female | | Eye Color: | | | | | | Hair Color: | | | |
| Blood Type: | A  B  AB  O   Rh ( + )  ( - ) | | Allergy to medication: | | | | | Hair Texture: | | | |
| Height: | | Weight: | | | | | | SS#: / / | | | |
| **Address** | | Email: | | | | | | | |  | |
| Street: | | | | City/State: Zip: | | | | | | |  |
| Home Telephone: ( ) | | | | | | Referred by: | | | | | |
| Mother's Name: | | | | | | Occupation: | | | Phone: | | |
| Father's Name: | | | | | | Occupation: | | | Phone: | | |
| Person(s) filling out this questionnaire:    Relation to Patient: | | | | | | | | | Date: | | |

**Symptom score sheet for monitoring progress: Record the main problems in the Symptom column. Choose the most difficult problems as well as symptoms that may indicate progress.**

This questionnaire is intended to give you a way of describing yourself as an individual. Many of the questions have to do with details that are not required to “make a diagnosis” but may be biochemical or immunologic clues that influence our thinking about treatment options. Whatever label has been given to you, keep in mind that it is just a label, not a cause. Symptoms and other findings described in this questionnaire are the body’s way of speaking to us about causes. Our job is to listen and learn.

Thank you.

Eileen C. Comia, M.D.

Sidney M. Baker, M.D.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# =rank, P= past, L= lab,** | | **(symptom scores go in the columns below dates)** | | | | | | | | |
| **⇓** | **Symptom (**0= Absent, 3= mild, 6= Moderate, 9=severe 12= incapacitating.) | Date |  |  |  |  |  |  |  |  |
| 0 | Example: Poor expressive language | 9 |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |

Laboratory data:

| Evaluation/Test | Date | Done? | Abnormal? | Not sure? |
| --- | --- | --- | --- | --- |
| 24 hour urine amino acids |  |  |  |  |
| Amino acid screen |  |  |  |  |
| Blood chemistry screen |  |  |  |  |
| Blood count |  |  |  |  |
| Blood test for fatty acids |  |  |  |  |
| Blood test for food allergies |  |  |  |  |
| CAT scan |  |  |  |  |
| Colonoscopy |  |  |  |  |
| DMSA loading study |  |  |  |  |
| EEG |  |  |  |  |
| Folic acid |  |  |  |  |
| Fragile X chromosome study |  |  |  |  |
| Hair elements |  |  |  |  |
| Immune profile |  |  |  |  |
| Intestinal permeability |  |  |  |  |
| Liver Detoxification profile |  |  |  |  |
| MRI |  |  |  |  |
| Organic acids quantitative – fungal/bacterial metabolites |  |  |  |  |
| Organic acids quantitative – metabolism |  |  |  |  |
| Organic acids screen |  |  |  |  |
| PET scan |  |  |  |  |
| Pinworm prep |  |  |  |  |
| Plasma amino acids |  |  |  |  |
| Plasma or serum zinc |  |  |  |  |
| RBC elements |  |  |  |  |
| Serum Ferritin (iron stores) |  |  |  |  |
| Serum methylmalonic acid |  |  |  |  |
| Serum Vitamin A |  |  |  |  |
| Small bowel biopsy |  |  |  |  |
| Stool culture |  |  |  |  |
| Stool parasites |  |  |  |  |
| Thyroid Profile |  |  |  |  |
| Uric acid test (blood or urine) |  |  |  |  |
| Urinary Peptides |  |  |  |  |
| Urine elements |  |  |  |  |
| Urine Kryptopyrrole |  |  |  |  |

**Personal Descriptive Information**

|  |
| --- |
| With whom do you live? And what do they do? (Include children, parents, relatives, friends...please include ages ) {Example: Wendy, age 7, sister, George, Dad, age 40, Lawyer] |
| Who are the main people who care for you? |
| Please describe your strengths and/or unusual skills: |
| What pets live with you - indoors or outdoors only? |
| When and where have you lived or traveled outside of the United States? |
| Major life changes recent or soon for you or your family? |
| Have you experienced any major losses in life? |
| What is your religion and how important is religion/spirituality in you and your family’s life? |
| Do you have a favorite toy or object?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there something else about you that I should know? |

**Past and present professionals:**

|  |  |  |
| --- | --- | --- |
| **Primary Care:** |  |  |
| **Primary Care** |  |  |
| **Specialist:** |  |  |
| **Specialist:** |  |  |
| **Therapist:** |  |  |
| **Other** |  |  |
| **Homeopathic:** |  |  |
| **Chiropractor:** |  |  |
| **Who made the initial diagnosis of autism/other disorder? When?** |  |  |

**Past Evaluations**

Please indicate if you have had any of the following evaluations, treatments, or consultations by placing a **check mark** in the appropriate columns. **Please attach any copies of reports or provide the addresses where the evaluations took place**. Add comments (to back or attach sheet if needed).

|  |  |  |  |
| --- | --- | --- | --- |
| Check if Yes | Check if Abnormal | Date | Evaluation/Test |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Psychological Evaluations |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Wechsler Preschool & Primary Scale of Intelligence |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Speech and Language Evaluations |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Genetic Evaluation |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Neurological Evaluations |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gastroenterology Evaluations |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Celiac/Gluten testing |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Allergy Evaluation |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nutritional Evaluation |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Auditory Evaluation |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Vision Evaluation |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Osteopathic |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Acupuncture |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Physical Therapy |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupational Therapy |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sensory Integration Therapy |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language Classes |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sign Language |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Homeopathic |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Naturopathic |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Craniosacral |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chiropractic |

**Hospitalizations**

|  |  |  |
| --- | --- | --- |
| **Age** | **Reason for hospitalization** | **Discharge summary attached?** |
|  |  |  |
|  |  |  |

**Operations Injuries**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate approximate age when you had an operation for: | AGE |  | Please describe any injuries | AGE |
| Appendix |  |  | Head injury |  |
| Circumcision |  |  | Broken bone |  |
| Hernia |  |  | Broken bone |  |
| Tonsils |  |  | Eye injury |  |
| Adenoids |  |  | Neck injury |  |
| P.E. Tubes in Ears |  |  | Abdominal injury |  |
| Other surgery |  |  | Other injury |  |

Please use this space for comments or narrative.

You may wish to highlight those consultations, tests or treatments you found most, or least, helpful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Immunization | | Please give approximate date if you don’t have a specific one. | | Did you have any of the following reactions:  “Bowel” means any bowl symptom such as diarrhea, “Swelling” means swelling at the site of the injection. | | | | | | | |
| **Diphtheria-Pertussis-Tetanus** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| DPT 1 | |  | |  |  |  |  |  |  |  | |
| DPT 2 | |  | |  |  |  |  |  |  |  | |
| DPT 3 | |  | |  |  |  |  |  |  |  | |
| DPT 4 | |  | |  |  |  |  |  |  |  | |
| DPT 5 | |  | |  |  |  |  |  |  |  | |
| Adult Diphtheria-Tetanus | |  | |  |  |  |  |  |  |  | |
| Pediatric Diphtheria- Tetanus | |  | |  |  |  |  |  |  |  | |
| **H Influenza type B** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| Hib 1 | |  | |  |  |  |  |  |  |  | |
| Hib 2 | |  | |  |  |  |  |  |  |  | |
| Hib 3 | |  | |  |  |  |  |  |  |  | |
| Hib 4 | |  | |  |  |  |  |  |  |  | |
| **Oral Polio Vaccine** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| OPV 1 | |  | |  |  |  |  |  |  |  | |
| OPV 2 | |  | |  |  |  |  |  |  |  | |
| OPV 3 | |  | |  |  |  |  |  |  |  | |
| OPV 4 | |  | |  |  |  |  |  |  |  | |
| OPV 5 | |  | |  |  |  |  |  |  |  | |
| **Polio Vaccine Injection** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| Polio Vaccine Injection 1 | |  | |  |  |  |  |  |  |  | |
| Polio Vaccine Injection 2 | |  | |  |  |  |  |  |  |  | |
| Polio Vaccine Injection 3 | |  | |  |  |  |  |  |  |  | |
| Polio Vaccine Injection 4 | |  | |  |  |  |  |  |  |  | |
| Polio Vaccine Injection 5 | |  | |  |  |  |  |  |  |  | |
| **Measles-Mumps-Rubella** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| MMR 1 xxx | |  | |  |  |  |  |  |  |  | |
| MMR 2 | |  | |  |  |  |  |  |  |  | |
| **Hepatitis-b Vaccine** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| HBV 1 | |  | |  |  |  |  |  |  |  | |
| HBV 2 | |  | |  |  |  |  |  |  |  | |
| HBV 3 | |  | |  |  |  |  |  |  |  | |
| HBV 4 | |  | |  |  |  |  |  |  |  | |
| **Miscellaneous** | | Date | | Bowel | Swelling | Crying | Seizure | Irritable | Fever | Other | |
| Varivax (Chicken Pox) | |  | |  |  |  |  |  |  |  | |
| Tine Test | |  | |  |  |  |  |  |  |  | |
| Other: | |  | |  |  |  |  |  |  |  | |
|  | |  | |  |  |  |  |  |  |  | |

**Mother’s Past Pregnancies: number of:**

|  |  |  |
| --- | --- | --- |
| Pregnancies\_\_\_\_\_ | Live births\_\_\_\_\_ | Miscarriages\_\_\_\_\_ |

**Mother’s Pregnancy:** Place a **check mark** if any of the following occurred during your mother's pregnancy:

**Did your mother: (Please describe if applicable)**

|  |  |  |
| --- | --- | --- |
| Difficulty getting pregnant (more than 6 months) |  |  |
| Infertility drugs used |  | Specify: |
| In vitro fertilization |  |  |
| Drink alcohol |  |  |
| Drink coffee |  |  |
| Smoke tobacco |  |  |
| Take Progesterone |  |  |
| Take prenatal vitamins |  |  |
| Take antibiotics |  |  |
| Take other drugs |  | Specify: |
| Excessive vomiting, nausea (more than 3 weeks) |  |  |
| Have a viral infection |  |  |
| Have a yeast infection |  |  |
| Have amalgam fillings put in teeth |  |  |
| Have amalgam fillings removed from teeth |  |  |
| Have how many fillings in her teeth during? |  | Number of fillings in your mom’s teeth when pregnant?\_\_\_\_\_\_\_\_\_ |
| Have bleeding (which months?) |  |  |
| Have birth problems |  |  |
| Group B strep infection |  |  |
| Have C-section because of |  |  |
| Use induction for labor (such as Pitocin) |  |  |
| Have anesthesia -what was used? |  |  |
| Use oxygen during labor |  |  |
| Have an x-ray |  |  |
| Have Rhogam, if so how many shots |  | How many when pregnant?\_\_\_\_\_ |
| Gestational Diabetes |  |  |
| High blood pressure (pre-eclampsia) |  |  |
| High blood pressure/toxemia |  |  |
| Have chemical exposure |  |  |
| Father have chemical exposure |  |  |
| Move to a newly built house |  |  |
| House painted indoors |  |  |
| House painted outdoors |  |  |
| House exterminated for insects |  |  |

**Pregnancy:**

|  |  |
| --- | --- |
| Total weight gain during pregnancy\_\_\_\_\_\_\_\_\_lb | Doral weight loss during pregnancy\_\_\_\_\_\_\_\_\_lb |
| Please describe diet during pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please describe labor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Perinatal**

Place a **check mark** if applicable:

|  |  |  |
| --- | --- | --- |
| Very active before birth | Yes | No |
| Hospital/Birthing Center | Yes | No |
| Needed Newborn Special Care | Yes | No |
| Appeared healthy | Yes | No |
| Easily consoled during first month? | Yes | No |
| Antibiotics first month | Yes | No |
| Experienced no complications first month of life | Yes | No |

**Birth Weight and Apgar**

|  |  |  |
| --- | --- | --- |
| Weight at birth (lbs): | Apgar score at 1minute: | Apgar score at 5 mins: |

**Early Childhood Illnesses**

|  |
| --- |
| Number of earaches in the first two years: |
| Number of other infections in the first two years: |
| Number of times you had antibiotics in the first two years of life: |
| Number of courses of prophylactic antibiotics in first 2 years of life: |
| First antibiotic at \_\_\_\_ months. |
| First illness at \_\_\_\_ months. |

**Description of Developmental Problems**

|  |
| --- |
| At what age did developmental problems appear to begin? 0-1months  2-6 months  6-15 months  16-24 months  After 24 months |
| Is this impression shared among parents and others caring for the child?:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| …Or does this impression as to the timing of onset differ among parents and others caring for the child?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the impression as to the timing of onset weak?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| … or is the impression strong:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Developmental History**

Please indicate the approximate age in months for the following milestones: (example: walking 14 months):

|  |  |  |
| --- | --- | --- |
|  |  | Never |
| Sitting up | \_\_\_ months |  |
| Crawl | \_\_\_ months |  |
| Pulled to stand | \_\_\_ months |  |
| Potty trained | \_\_\_ months |  |
| Walked alone | \_\_\_ months |  |
| Dry at night | \_\_\_ months |  |
| First words ("mama, dada" etc.) | \_\_\_ months |  |
| Spoke clearly | \_\_\_ months |  |
| Lost language | \_\_\_,months |  |
| Lost eye contact | \_\_\_ months |  |

**Medications and Supplements Past and Present:**

|  | **Medication or Supplement**  *(please mark the response by checking in the appropriate columns)* | **Taking now?** | VERY GOOD | GOOD | NO RESPONSE | BAD | VERY BAD | DON’T KNOW | NEGATIVE, THEN GOOD | **Comments.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| aast | **SUBSTANCES AFFECTING:** |  |  |  |  |  |  |  |  |  |
| CN | CENTRAL NERVOUS SYSTEM |  |  |  |  |  |  |  |  |  |
| cnap | Clozaril (clozapine) | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Haldol | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Prolixin | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Risperdal | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Seroquel | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Stelazine | ⭘ |  |  |  |  |  |  |  |  |
| CNAP | Thorazine | ⭘ |  |  |  |  |  |  |  |  |
| cnap | Zyprexa | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Antihistamine | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Clonidine | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Cogentin | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Deanol (deaner, DMAE) | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Dextromethorphan | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Lithium | ⭘ |  |  |  |  |  |  |  |  |
| CNO | Naltrexone | ⭘ |  |  |  |  |  |  |  |  |
| CNO | St John’s wort | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Anafranil | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Depakene for behavior | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Depakene for seizures | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Depakote for behavior | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Depakote for seizures | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Dilantin | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Felbatol | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Gabitril | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Keppra | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Klonopin | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Lamictal | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Luvox | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Mysoline | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Neurontin | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Paxil | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Phenobarbital | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Tegretol | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Topamax | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Trileptal | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Valium | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Zarontin | ⭘ |  |  |  |  |  |  |  |  |
| CNs | Zonegran | ⭘ |  |  |  |  |  |  |  |  |
| CNss | Adderall | ⭘ |  |  |  |  |  |  |  |  |
| CNss | Prozac | ⭘ |  |  |  |  |  |  |  |  |
| CNss | Zoloft | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Amphetamine | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Cylert | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Dexedrine, Dextroamphetamine | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Fenfluramine | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Focalin | ⭘ |  |  |  |  |  |  |  |  |
| CNst | Ritalin | ⭘ |  |  |  |  |  |  |  |  |
| CNtr | Buspar | ⭘ |  |  |  |  |  |  |  |  |
| CNtr | Chloral hydrate | ⭘ |  |  |  |  |  |  |  |  |
| CNtr | Valium | ⭘ |  |  |  |  |  |  |  |  |
| CNtri | Desipramine | ⭘ |  |  |  |  |  |  |  |  |
| CNtri | Mellaril | ⭘ |  |  |  |  |  |  |  |  |
| CNtri | Tofranil | ⭘ |  |  |  |  |  |  |  |  |
| CNtrt | Klonapin | ⭘ |  |  |  |  |  |  |  |  |
| df | Antibiotics | ⭘ |  |  |  |  |  |  |  |  |
| df | Bactrim (Septra) | ⭘ |  |  |  |  |  |  |  |  |
| Df | Biochoice | ⭘ |  |  |  |  |  |  |  |  |
| df | Bismuth | ⭘ |  |  |  |  |  |  |  |  |
| df | Colostrum | ⭘ |  |  |  |  |  |  |  |  |
| df | Diflucan | ⭘ |  |  |  |  |  |  |  |  |
| df | DIGESTIVE FLORA | ⭘ |  |  |  |  |  |  |  |  |
| df | Humatin | ⭘ |  |  |  |  |  |  |  |  |
| df | Lamisil | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Nizoral | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Nystatin | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Probiotics (acidphilus, etc) | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Saccharomyces boulardii | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Sporonax | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Transfer factor (oral) | ⭘ |  |  |  |  |  |  |  | Had die off? |
| df | Yodoxin | ⭘ |  |  |  |  |  |  |  |  |
| Dg | Bethanecol | ⭘ |  |  |  |  |  |  |  |  |
| Dg | DIGESTION | ⭘ |  |  |  |  |  |  |  |  |
| Dg | Digestive enzymes | ⭘ |  |  |  |  |  |  |  |  |
| Dg | Pepsid | ⭘ |  |  |  |  |  |  |  |  |
| Dg | Peptidase Enzymes | ⭘ |  |  |  |  |  |  |  |  |
| Dg | Probiotics | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | DETOXIFICATION | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | DMPS | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | DMSA (succimer, Chemet) | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | Reduced glutathione (transderm) | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | Reduced glutathione IV | ⭘ |  |  |  |  |  |  |  |  |
| Dtx | Reduced glutathione oral | ⭘ |  |  |  |  |  |  |  |  |
| M | B6 & Magnesium | ⭘ |  |  |  |  |  |  |  |  |
| M | Brain child supplements | ⭘ |  |  |  |  |  |  |  |  |
| M | Folic Acid | ⭘ |  |  |  |  |  |  |  |  |
| M | Melatonin | ⭘ |  |  |  |  |  |  |  |  |
| M | Multivitamin high potency | ⭘ |  |  |  |  |  |  |  |  |
| M | Multivitamin regular potency | ⭘ |  |  |  |  |  |  |  |  |
| m | **Nutrition and Metabolism** | ⭘ |  |  |  |  |  |  |  |  |
| M | Super Nu Thera | ⭘ |  |  |  |  |  |  |  |  |
| M | Ultra Clear Sustain | ⭘ |  |  |  |  |  |  |  |  |
| M | Vitamin B3 (Niacin) | ⭘ |  |  |  |  |  |  |  |  |
| M | Vitamin B6 | ⭘ |  |  |  |  |  |  |  |  |
| Maa | 5 HPT | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Alpha Keto Glutamate | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Amino Acid Mix | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Deanol | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Dimethylglycine (DMG) | ⭘ |  |  |  |  |  |  |  |  |
| Maa | DMG | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Glutamine | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Se (SAM, Samyr) | ⭘ |  |  |  |  |  |  |  |  |
| Maa | TMG | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Tryptophan | ⭘ |  |  |  |  |  |  |  |  |
| Maa | Tyrosine | ⭘ |  |  |  |  |  |  |  |  |
| Min | Calcium | ⭘ |  |  |  |  |  |  |  |  |
| Min | Magnesium | ⭘ |  |  |  |  |  |  |  |  |
| Min | Manganese | ⭘ |  |  |  |  |  |  |  |  |
| Min | Selenium | ⭘ |  |  |  |  |  |  |  |  |
| Min | Zinc | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Human Growth Factor | ⭘ |  |  |  |  |  |  |  |  |
| Misc | IV Immune Globulin | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Kutapressin | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Oral Immune globulin | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Secretin IV | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Secretin transdermal | ⭘ |  |  |  |  |  |  |  |  |
| Misc | Steroids | ⭘ |  |  |  |  |  |  |  |  |
| Mv | TTFD | ⭘ |  |  |  |  |  |  |  |  |
| Oil | DHA rich oils | ⭘ |  |  |  |  |  |  |  |  |
| Oil | EPA rich oils | ⭘ |  |  |  |  |  |  |  |  |
| Oil | Omega 6 rich oils | ⭘ |  |  |  |  |  |  |  |  |
| Oil | Omega brite | ⭘ |  |  |  |  |  |  |  |  |
| Oils | Cod liver oil | ⭘ |  |  |  |  |  |  |  |  |
| Oils | Flax Oil | ⭘ |  |  |  |  |  |  |  |  |
| Other | Alka Gold | ⭘ |  |  |  |  |  |  |  |  |
| SEIZ | Carbatrol | ⭘ |  |  |  |  |  |  |  |  |
| TrA | Tranxene | ⭘ |  |  |  |  |  |  |  |  |
| Vir | Famvir | ⭘ |  |  |  |  |  |  |  |  |
| Vir | Valtrex | ⭘ |  |  |  |  |  |  |  |  |
| Vir | Zovirax | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |
| Z |  | ⭘ |  |  |  |  |  |  |  |  |

| **Therapies** | **Taking now?** | VERY GOOD GOOD | GOOD | NO RESPONSE | BAD | VERY BAD | DON’T KNOW | NEGATIVE, THEN GOOD | **Comments.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acupuncture | ⭘ |  |  |  |  |  |  |  |  |
| Auditory training | ⭘ |  |  |  |  |  |  |  |  |
| Craniosacral | ⭘ |  |  |  |  |  |  |  |  |
| EPD | ⭘ |  |  |  |  |  |  |  |  |
| Homeopathy | ⭘ |  |  |  |  |  |  |  |  |
| Inst. For Human Potential | ⭘ |  |  |  |  |  |  |  |  |
| Lovaas | ⭘ |  |  |  |  |  |  |  |  |
| Neural therapy | ⭘ |  |  |  |  |  |  |  |  |
| Occupational therapy | ⭘ |  |  |  |  |  |  |  |  |
| Osteopathy | ⭘ |  |  |  |  |  |  |  |  |
| Speech therapy | ⭘ |  |  |  |  |  |  |  |  |
| Vision therapy | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |

| **Diets** | **Doing now?** | VERY GOOD GOOD | GOOD | NO RESPONSE | BAD | VERY BAD | DON’T KNOW | NEGATIVE, THEN GOOD | **Comments.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gluten free | ⭘ |  |  |  |  |  |  |  |  |
| Casein free | ⭘ |  |  |  |  |  |  |  |  |
| Yeast free | ⭘ |  |  |  |  |  |  |  |  |
| High protein / Low carbohydrate | ⭘ |  |  |  |  |  |  |  |  |
| Feingold | ⭘ |  |  |  |  |  |  |  |  |
| Salicylate free diet | ⭘ |  |  |  |  |  |  |  |  |
| Low phenolics diet | ⭘ |  |  |  |  |  |  |  |  |
| IgG reactive food avoidance diet | ⭘ |  |  |  |  |  |  |  |  |
| Other diet: | ⭘ |  |  |  |  |  |  |  |  |
| Other diet: | ⭘ |  |  |  |  |  |  |  |  |
| Other diet: | ⭘ |  |  |  |  |  |  |  |  |
| Other diet: | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |
|  | ⭘ |  |  |  |  |  |  |  |  |

Food

|  |  |  |
| --- | --- | --- |
| **In the past:** | Yes | No |
| Were you breast fed |  |  |
| Problem “latching on” |  |  |
| Vigorous sucker |  |  |
| Good sucker |  |  |
| Poor sucker |  |  |
| Choke or gag on milk |  |  |
| Were you bottle fed |  |  |
| Did you refuse to chew solids |  |  |
| Exclusively breast-fed until | \_\_\_\_\_ | months |
| Exclusively formula fed until | \_\_\_\_\_ | months |
| Exclusively soy formula fed until | \_\_\_\_\_ | months |
| Exclusively milk based\* formula until | \_\_\_\_\_ | months |
| Introduction of cow's milk at | \_\_\_\_\_ | months |
| Introduction of rice cereal | \_\_\_\_\_ | months |
| Introduction of wheat and other grains | \_\_\_\_\_ | months |

\*Enfamil, Similac, SMA, etc.

|  |  |  |
| --- | --- | --- |
| **In the present do you eat:** | Yes | No |
| A lot of ice cream |  |  |
| A lot of sweet food |  |  |
| A lot of sugar/candy |  |  |
| Large amounts of food |  |  |
| Only cold food |  |  |
| Only 3-5 foods daily |  |  |
| A lot of cookies |  |  |
| A lot of white bread |  |  |
| A lot of soda/diet soda |  |  |
| Only one or two foods daily |  |  |
| Only hot food |  |  |
| Milk at least once a day |  |  |
| Salty foods |  |  |
| Sensory issues with food |  |  |
|  |  |  |

**Past and Present Symptoms**

Please check the best description of your symptoms (mild, moderate or severe) and indicate the time frame (occasional, frequent or always). If the problem is a current and main problem, please check the “main” column. If the problem was present in the past, please check the “PAST ONLY”

column.

| **sort** | | **Main?** | **Symptom** | MILD | | **MOD** | | **SEV** | Occ | | **Freq** | **Always** | | **PAST**  **ONLY** | **COMMENT** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | PHYSICAL |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Double jointed |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Elongated ears |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Especially attractive |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | High arched palate |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Lymph nodes enlarged elsewhere |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Lymph nodes enlarged neck |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Lymph nodes large, back of head |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Lymph Nodes tender |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Overweight |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Pupils unusually large |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Pupils unusually small |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Shiners, dark circles under eyes |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Underweight |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Unusual long eye lashes |  | |  | |  |  | |  |  | |  |  | | |
| 00G | | ⭘ | Webbed toes |  | |  | |  |  | |  |  | |  |  | | |
| 01Sta | | ⭘ | STRENGTHS | A little | | Some | | Very |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Accepts new clothes |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Answers parent |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Bold, free of fear |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Cuddly |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Draws accurate pictures |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Follows instructions |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Happy |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Likes to be held |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Likes to be swaddled |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Ok if parents leave |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Perfect musical pitch |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Physically coordinated |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Pleasant/easy to care for |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Pronounces words well |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Responsible |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Sensitive to peoples feelings |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Sensitive/affectionate |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Skill: arithmetic computing |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Skill: doing fine work |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Skill: playing/small object |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Skill: throw/catch ball |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Strong desire to do things |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Swimming |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Unusual memory |  | |  | |  |  | |  |  | |  |  | | |
| 01Str | | ⭘ | Wants to be liked |  | |  | |  |  | |  |  | |  |  | | |
| 02Se | | ⭘ | SENSORY |  | |  | |  |  | |  |  | |  |  | | |
| 02Sef | | ⭘ | Fearful of harmless object |  | |  | |  |  | |  |  | |  |  | | |
| 02Sef | | ⭘ | Fearful of unusual events |  | |  | |  |  | |  |  | |  |  | | |
| 02Seg | | ⭘ | Unaware of danger |  | |  | |  |  | |  |  | |  |  | | |
| 02Seg | | ⭘ | Unaware of peoples feelings |  | |  | |  |  | |  |  | |  |  | | |
| 02Seg | | ⭘ | Unaware of self as person |  | |  | |  |  | |  |  | |  |  | | |
| 02Seg | | ⭘ | Very sensitive to pain |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Bothered by certain sounds |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Ear pain |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Ear ringing |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Hearing acute |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Hearing loss |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Likes certain sounds |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Sensitive to loud noise |  | |  | |  |  | |  |  | |  |  | | |
| 02Seh | | ⭘ | Sounds seem painful |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Covers ears with sounds |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Excessive ear wax |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes head burrowed |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes head pressed hard |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes head rubbed |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes head under blanket |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes to be held upside down |  | |  | |  |  | |  |  | |  |  | | |
| 02Sen | | ⭘ | Likes to be swung in the air |  | |  | |  |  | |  |  | |  |  | | |
| 02Seo | | ⭘ | Intensely aware of odors |  | |  | |  |  | |  |  | |  |  | | |
| 02Ses | | ⭘ | Acute sense of smell |  | |  | |  |  | |  |  | |  |  | | |
| 02Ses | | ⭘ | Examines by smell |  | |  | |  |  | |  |  | |  |  | | |
| 02Set | | ⭘ | Finger tip squeezing |  | |  | |  |  | |  |  | |  |  | | |
| 02Set | | ⭘ | Hates wearing shoes |  | |  | |  |  | |  |  | |  |  | | |
| 02Set | | ⭘ | Insensitive to pain |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Blinking |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Bothered by bright lights |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Distorted vision |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Examines by sight |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Fails to blink at bright light |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Likes fans |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Likes flickering lights |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Looks out of corner of eye |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Poor vision |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Puts eye to bright light or sun |  | |  | |  |  | |  |  | |  |  | | |
| 02Sev | | ⭘ | Strabismus (crossed eye) |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Adopts complicated rituals |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Collects particular things |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Corrects imperfections |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Draws only certain things |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Fixated on one topic |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Lines objects precisely |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Lines things in neat rows |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Repeats old phrases, sentences |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Repetitive play/objects |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Tidy |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Upset if things change |  | |  | |  |  | |  |  | |  |  | | |
| 03Oc | | ⭘ | Upset of things aren't right |  | |  | |  |  | |  |  | |  |  | | |
| **04B** | | ⭘ | BEHAVIOR |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Aloof, indifferent, remote |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Behavior purposeless |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Bites or chews fingers |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Bites wrist or back of hands |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Climbs to high places |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Constant movement |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Curious/gets into things |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Destructive |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Does opposite/asked |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Extremely cautious |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Falls gets hurt running climbing |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Head banging |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Holds hands in strange pose |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Hyperactive |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Imitates others |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Lost in thought, unreachable |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Melt downs |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Poor focus, attention |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Poor sharing |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Silly |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Spends time with pointless task |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Tantrums |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Toe walking |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Uninterested in live pet |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Unusual play |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Uses adults hand for activity |  | |  | |  |  | |  |  | |  |  | | |
| 04Be | | ⭘ | Watches television long time |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Doesn't do for self |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Hides skill/knowledge |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | No purpose to play |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Rejects help |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Teases others |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Tries to control others |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Unable to predict actions |  | |  | |  |  | |  |  | |  |  | | |
| 04ben | | ⭘ | Won't attempt/can't do |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Eye contact poor |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Finger flicking |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Flaps hands |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Jumps when pleased |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Licking |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Likes spinning objects |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Likes to flick finger in eye |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Likes to spin things |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Rhythmic rocking |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Sits long time staring |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Slapping books |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Stares at own hands |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Tooth taping |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Whirls self like a top |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Wiggle finger front of face |  | |  | |  |  | |  |  | |  |  | | |
| 04Bes | | ⭘ | Wiggle finger side of face |  | |  | |  |  | |  |  | |  |  | | |
| 04Bew | | ⭘ | Insists on what wanted |  | |  | |  |  | |  |  | |  |  | | |
| 04Bew | | ⭘ | Lacks initiative |  | |  | |  |  | |  |  | |  |  | | |
| 04Bew | | ⭘ | Runs away |  | |  | |  |  | |  |  | |  |  | | |
| 05B0V | | ⭘ | Headaches |  | |  | |  |  | |  |  | |  |  | | |
| 05B0V | | ⭘ | Joint pains |  | |  | |  |  | |  |  | |  |  | | |
| 05B0V | | ⭘ | Leg pains |  | |  | |  |  | |  |  | |  |  | | |
| 05B0V | | ⭘ | Muscle pains |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Arched back with bright lights |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | GENERAL |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Holds bizarre posture |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Perspiration - odd odor |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Feet - stinky |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Physically awkward |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Seizures – focal |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Seizures – generalized |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Seizures – petit mal |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Seizures – petit mal |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Stiffens body when held |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Unusual physical pliability |  | |  | |  |  | |  |  | |  |  | | |
| 05bo | | ⭘ | Unusual sound of cry |  | |  | |  |  | |  |  | |  |  | | |
| 05BOA | | ⭘ | Abnormal fatigue |  | |  | |  |  | |  |  | |  |  | | |
| 05BOA | | ⭘ | Moaning |  | |  | |  |  | |  |  | |  |  | | |
| 05boe | | ⭘ | Conjunctivitis |  | |  | |  |  | |  |  | |  |  | | |
| 05boe | | ⭘ | Eye crusting |  | |  | |  |  | |  |  | |  |  | | |
| 05boe | | ⭘ | Eye problem |  | |  | |  |  | |  |  | |  |  | | |
| 05boe | | ⭘ | Lid margin redness |  | |  | |  |  | |  |  | |  |  | | |
| 05BOH | | ⭘ | Heart murmur |  | |  | |  |  | |  |  | |  |  | | |
| 05BOH | | ⭘ | Mitral valve prolapse |  | |  | |  |  | |  |  | |  |  | | |
| 05BOH | | ⭘ | Unusual fast heart beat |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Cheek/ear - pink/cold |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Cold all over |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Cold hands and feet |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Cold intolerance |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Hands/feet - very sweaty |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Head very hot/sweaty |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Night sweats |  | |  | |  |  | |  |  | |  |  | | |
| 05Bot | | ⭘ | Tip nose - pink/cold |  | |  | |  |  | |  |  | |  |  | | |
| 06L | | ⭘ | COMMUNICATION |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Answers by repeating question |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Asks using "you" not "I" |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Babbling |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Does not asks questions |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Expressive language poor |  | |  | |  |  | |  |  | |  | How many words?\_\_\_\_ | | |
| 06La | | ⭘ | No answers simple questions |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Points to objects/can't name |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Receptive language poor |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Says "no" |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Says "yes" |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Says “I” |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Scripting |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Talks to self |  | |  | |  |  | |  |  | |  |  | | |
| 06La | | ⭘ | Uses one word for another |  | |  | |  |  | |  |  | |  |  | | |
| 07mo | | ⭘ | Always frightened |  | |  | |  |  | |  |  | |  |  | | |
| 07Mod | | ⭘ | Anxiety |  | |  | |  |  | |  |  | |  |  | | |
| 07Mod | | ⭘ | Inconsolable crying |  | |  | |  |  | |  |  | |  |  | | |
| 07Mod | | ⭘ | Negative |  | |  | |  |  | |  |  | |  |  | | |
| 07Mod | | ⭘ | Phobias |  | |  | |  |  | |  |  | |  |  | | |
| 07Mod | | ⭘ | Severe mood swings |  | |  | |  |  | |  |  | |  |  | | |
| 08S | | ⭘ | SLEEP |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Sleeps in own bed |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Sleeps with parent(s) |  | |  | |  |  | |  |  | |  |  | | |
|  | | ⭘ | Awakens screaming/crying |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Awakes at night |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Daytime sleepiness |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Difficulty falling asleep |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Early waking |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Nightmares |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Sleeps less than normal |  | |  | |  |  | |  |  | |  |  | | |
| 08Sl | | ⭘ | Sleeps more than normal |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Abnormal food cravings |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Pica (eating non-edible things) |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Always thirsty |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Behavior worse with food |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Bingeing |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Bread craving |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Carbohydrate intolerance |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Chew or swallow nonfood |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Craving for carbohydrates |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Craving for juice |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Craving for salt |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Diet soda craving |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Poor appetite |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Sweets before food |  | |  | |  |  | |  |  | |  |  | | |
| 09DA | | ⭘ | Unusual/extreme water drinking |  | |  | |  |  | |  |  | |  |  | | |
| **09DI** | | ⭘ | **DIGESTION & FOOD:** |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Abdominal bloating |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Abdominal pain |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Burping |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Colic |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Constipation |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Cracking lip corners |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Diarrhea |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Farting – regular |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Farting – stinky |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Fissures |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Geographic tongue (map-like) |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Gums bleed |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Intestinal parasites |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Lower abdominal bloating |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Mouth cold sores |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Mouth thrush (yeast infection) |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Nausea |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Pinworms |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Red ring around anus |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Reflux |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Sore throat |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Sore tongue |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Spitting up |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools bulky |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools light color |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools very stinky |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools with blood |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools with mucous |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Stools with undigested food |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Teeth grinding |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Upper abdominal pain |  | |  | |  |  | |  |  | |  |  | | |
| 09Dig | | ⭘ | Vomiting |  | |  | |  |  | |  |  | |  |  | | |
| **10Res** | | ⭘ | **RESPIRATORY:** |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Bad odor in nose |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Breath holding |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Bronchitis |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Congestion chg. season |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Congestion in the fall |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Congestion in the spring |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Congestion in the summer |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Congestion in the winter |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Cough |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Pneumonia |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Post nasal drip |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Sighing |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Sinus fullness |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Wheezing |  | |  | |  |  | |  |  | |  |  | | |
| 10Resp | | ⭘ | Yawning |  | |  | |  |  | |  |  | |  |  | | |
|  | |  | **SKIN:** |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Acne |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Athletes foot |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Blotchy skin |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Bugs love to bite you |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Cellulite |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Chicken skin |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Cradle cap |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Dark birth mark(s) |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Dark circle under eyes |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Diaper rash |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Ears get red |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Easy bruising |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Eczema |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Flushing |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Inability to tan |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Light birth mark(s) |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Odd body odor |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Oily skin |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Pale skin |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Patchy dullness |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Red face |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Seborrhea on face |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Sensitive to insect bites |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Stretch marks |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Strong body odor |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Thick calluses |  | |  | |  |  | |  |  | |  |  | | |
| 11SKI | | ⭘ | Vitiligo |  | |  | |  |  | |  |  | |  |  | | |
| **12It** | | ⭘ | **ITCHING OF:** |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Anus |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Arms |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Ear canals |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Eyes |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Feet |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Hands |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Legs |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Nose |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Penis |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Scalp |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Skin in general |  | |  | |  |  | |  |  | |  |  | | |
| 12itc | | ⭘ | -Vagina |  | |  | |  |  | |  |  | |  |  | | |
| **13D** | | ⭘ | HAIR, SKIN, NAILS |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Dandruff |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Dry Hair |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Dry Scalp |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Dry skin in general |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Feet cracking |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Feet peeling |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Hair Unmanageable |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Hands cracking |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Hands peeling |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Lackluster skin |  | |  | |  |  | |  |  | |  |  | | |
| 13DA | | ⭘ | Lower legs dry |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Bites nails |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Fungus / fingernails |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Fungus / toenails |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Nails brittle |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Nails frayed |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Nails pitted |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Nails soft |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Ragged cuticles |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Thickening finger nails |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | Thickening toenails |  | |  | |  |  | |  |  | |  |  | | |
| **13Drn** | | ⭘ | White spots or lines |  | |  | |  |  | |  |  | |  |  | | |
|  | |  |  |  | |  | |  |  | |  |  | |  |  | | |
| 14Mu | | ⭘ | **MUSCULAR:** |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Calf cramps |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Foot cramps |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Muscle pain |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Muscle tone tense |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Muscle twitches |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Poor muscle tone/limp |  | |  | |  |  | |  |  | |  |  | | |
| 14Mus | | ⭘ | Tics |  | |  | |  |  | |  |  | |  |  | | |
| **15R** | | ⭘ | **REPRODUCTIVE:** |  | |  | |  |  | |  |  | |  |  | | |
| 15Re | | ⭘ | Age of first period | \_\_\_\_\_\_ | | | | |  | |  |  | |  |  | | |
| 15Re | | ⭘ | Boys: Large testicles |  | |  | |  |  | |  |  | |  |  | | |
| 15Re | | ⭘ | Early onset breast development |  | |  | |  |  | |  |  | |  |  | | |
| 15Re | | ⭘ | Early onset pubic hair |  | |  | |  |  | |  |  | |  |  | | |
| **16U** | | ⭘ | **URINARY:** |  | |  | |  |  | |  |  | |  |  | | |
| 16Ur | | ⭘ | Bed wetting after age 4 |  | |  | |  |  | |  |  | |  |  | | |
| 16Ur | | ⭘ | Odd urinary odor |  | |  | |  |  | |  |  | |  |  | | |
| 16Ur | | ⭘ | Urinary hesitancy |  | |  | |  |  | |  |  | |  |  | | |
| 16Ur | | ⭘ | Urinary tract infections |  | |  | |  |  | |  |  | |  |  | | |
| 16Ur | | ⭘ | Urinary urgency |  | |  | |  |  | |  |  | |  |  | | |
| P00G | | ⭘ | Pallor |  | |  | |  |  | |  |  | |  |  | | |
| Zz | | ⭘ |  |  | |  | |  |  | |  |  | |  |  | | |
|  | | ⭘ |  |  | |  | |  |  | |  |  | |  |  | | |
| **Environmental History (please indicate past and present exposures)** | | | | | | | | |  | | | **Some things about your parents:** | | |  |
| **Exposure:** | | | | **Past** | | **Present** | | |  | | | When were your parents married: | | |  |
| Mold in bathroom | | | |  | |  | | |  | | | If separated, when: | | |  |
| Damp cellar | | | |  | |  | | |  | | | If divorced, when | | |  |
| Pest extermination - Inside | | | |  | |  | | |  | | | If remarried, when | | |  |
| Pest extermination - Outside | | | |  | |  | | |  | | | Custody arrangements | | |  |
| Forced hot air heat | | | |  | |  | | |  | | | **Mother - Personal** | | |  |
| Had water in basement | | | |  | |  | | |  | | | Age at your birth | | |  |
| Mold visible on exterior of house | | | |  | |  | | |  | | | Education | | |  |
| Heavily wooded or damp surroundings | | | |  | |  | | |  | | | Ethnicity | | |  |
| Mold in cellar, crawl space, or basement | | | |  | |  | | |  | | | Blood type | | |  |
| Moldy, musty school/daycare | | | |  | |  | | |  | | | **Father - Personal** | | |  |
| Tobacco smoke | | | |  | |  | | |  | | | Age at your birth | | |  |
| Well water | | | |  | |  | | |  | | | Education | | |  |
| Carpet in bedroom | | | |  | |  | | |  | | | Ethnicity | | |  |
| Carpet in most parts of house | | | |  | |  | | |  | | | Blood type | | |  |
| Feather or down bedding | | | |  | |  | | |  | | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Mother’s Side** | | **Father’s Side** | |  |  |
| Family Medical History | **Father** | **Mother** | **Sibling(s)** | **Grand-mother** | **Grand-father** | **Grand-mother** | **Grand-father** | **First Cousin** | **Other** |
| Alcoholism |  |  |  |  |  |  |  |  |  |
| Allergies |  |  |  |  |  |  |  |  |  |
| Anorexia |  |  |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |  |  |
| Arthritis |  |  |  |  |  |  |  |  |  |
| Asthma |  |  |  |  |  |  |  |  |  |
| Autism |  |  |  |  |  |  |  |  |  |
| Autoimmune problems |  |  |  |  |  |  |  |  |  |
| Bulimia |  |  |  |  |  |  |  |  |  |
| Celiac disease |  |  |  |  |  |  |  |  |  |
| Colitis |  |  |  |  |  |  |  |  |  |
| Crohn’s disease |  |  |  |  |  |  |  |  |  |
| Depression |  |  |  |  |  |  |  |  |  |
| Diabetes |  |  |  |  |  |  |  |  |  |
| Eczema |  |  |  |  |  |  |  |  |  |
| Endometriosis |  |  |  |  |  |  |  |  |  |
| Food allergies |  |  |  |  |  |  |  |  |  |
| Gout/high uric acid level |  |  |  |  |  |  |  |  |  |
| Hay Fever |  |  |  |  |  |  |  |  |  |
| Heart disease |  |  |  |  |  |  |  |  |  |
| High blood pressure |  |  |  |  |  |  |  |  |  |
| Hives |  |  |  |  |  |  |  |  |  |
| Hypoglycemia |  |  |  |  |  |  |  |  |  |
| Identical twins |  |  |  |  |  |  |  |  |  |
| Irritable |  |  |  |  |  |  |  |  |  |
| Left handedness |  |  |  |  |  |  |  |  |  |
| Malabsorption |  |  |  |  |  |  |  |  |  |
| Mental Illness |  |  |  |  |  |  |  |  |  |
| Mild respiratory allergy |  |  |  |  |  |  |  |  |  |
| Milk (casein) sensitivity |  |  |  |  |  |  |  |  |  |
| Mitral valve prolapse |  |  |  |  |  |  |  |  |  |
| Obesity |  |  |  |  |  |  |  |  |  |
| Retardation |  |  |  |  |  |  |  |  |  |
| Schizophrenia Psychosis |  |  |  |  |  |  |  |  |  |
| Stroke |  |  |  |  |  |  |  |  |  |
| Strong moodiness |  |  |  |  |  |  |  |  |  |
| Tendency to be" loner" |  |  |  |  |  |  |  |  |  |
| Thyroid problem |  |  |  |  |  |  |  |  |  |
| Wheat (gluten) sensitivity |  |  |  |  |  |  |  |  |  |
| Yeast problems |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Thank you for taking the time and effort to complete this questionnaire.

We suggest you make copies of it for your records.