

NAET Initial Visit Record: Developmental Milestones

File No. ----- Today's Date:-----

Age of the child:-----

Name of the child-----

Birth data:

Date of birth ----- Sex: -----

Any significant event happened before birth? -----

Anything unusual about Prenatal history? -----

Was he/she born healthy? -----

Height at birth: -----Weight at birth: -----

Apgar score if available: -----

Was it a normal delivery? yes[ ] no [ ] If not what kind? ----- C Section? -----

Forceps? -----Explain-----

Any birth traumas? ----- Any trauma during infancy? ----- At what age? -----

Any other traumatic event during infancy? -----

Did the child receive Vitamin K injection on the first day of birth? -----

Hepatitis B? -----Anything else on the first day? -----

Silver nitrate /Erythromycine in the eyes on the day of delivery? -----

What other symptoms parents noticed soon after birth? -----

A couple of days after? -----

Was he/she breastfed on the first three days of birth? -----

Did he/she have any discomfort within a week ? -----

Spitting up? -----

Vomiting? -----

Colic? -----

Skin Rashes? ----- Diaper Rash? -----

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Was he/she breast fed? ----- for How long? -----

When was the solid food introduced? -----

Cried a lot? -----

Any Breathing difficulties? ----- When did it start? -----

Asthma? ----- When did it start? -----How Often? -----

Eczema? ----- When did it start? -----

Bronchitis? ----- First time? -----Frequency of attacks -----

Explain -----

Hives? -----First time? -----Frequency -----

Any medication given for any of these above symptoms? -----

Does he/she have more siblings? -----

Is he/she the first born? -----

If not what is the position of the child? -----

Other family members with similar problems? -----Explain -----

Did he/she have all childhood vaccinations? -----

The list of vaccinations -----

Did he/she ever receive antibiotics? -----

Please list the names -----

Any other medication for any other reason? -----

When did the parents notice the first anaphylactic symptoms/ Autistic symptoms/ other problems ? -----

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Was he/she hospitalized for it? -----

How often did he/she go to the hospital? -----

What tests were done? -----

Please provide a copy of the tests and previous hospital records -----

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How did they diagnose him/her as anaphylactic/ Autistic/Other? .....

Who diagnosed him/her? .....

Pediatrician? -----Name? .....

Emergency room doctor? .....

If anaphylactic, what item or items did he/she have anaphylaxis with? .....

Total number of times he/she had anaphylactic reactions: .....

What other symptoms does he/she have? .....

Is he/she attending school now? -----Home Schooling? .....

### Developmental milestone

- Walked alone-----
- Talked-----
- Toilet trained for bladder and bowel-----
- Enrolled in school-----

### MEDICAL HISTORY

- Surgeries-----
- Hospitalizations-----
- Diseases-----
- Allergies-----
- Frequent colds-----
- Fevers-----
- Ear infections-----
- Asthma-----
- Hives-----
- Bronchitis-----
- Pneumonia-----
- Seizures-----
- Sinusitis-----
- Headaches-----
- Vomiting -----
- Diarrhea -----
- Current medication-----
- Any reaction to medication -----
- Antibiotics and drugs taken -----
- Parasitic infestation -----
- Visited other countries -----

### ILLNESSES DURING EARLY INFANCY

- Colic-----
- Constipation-----

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- Diarrhea-----
- Feeding problem-----
- Excessive Vomiting-----
- Excessive white coating on the tongue -----
- Excessive crying -----
- Poor sleep -----
- Disturbed sleep -----
- Frequent ear infection -----
- Frequent fever -----
- Immunizations-----
- Response to the immunizations -----
- Common childhood diseases like measles, chicken pox, mumps, strep-throat, etc.-----
- Any other unusual events (fire in the house, accidents, earthquakes, etc.).-----

Attending Regular school? -----

Home Schooling? -----

Any photo taken before treatments? -----

Especially if the child has any skin problem along with anaphylactic history? -----

Recent photo? -----

Can the mother write a short summary of the child's early life (good and bad memories) from birth until now?

Mother's consent

Name of the Mother

Contact Information: