

Bio Energy Medical Center
4201 Varsity Drive, Suite A
Ann Arbor, MI 48108
(p)734-995-3200 (f)734-995-4254

PEDIATRIC PATIENT INITIAL CONTACT FORM: Please indicate your interest in being evaluated by Bio Energy Medical Center/ Dr. Neuenschwander and becoming a patient of the practice by completing and signing the form below and returning it to the address above. Please note that Bio Energy Medical Center is a specialized consultation based practice and you must maintain a separate primary care physician for your child's general health care needs and follow-up.

Appointment Date: _____ Time _____ Today's Date _____

Mother's Name: _____

Father's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email Address _____

Child's Name: _____ Sex: _____ Age: _____

In order to schedule a new patient pediatric consultation with Dr. Neuenschwander, you must send the following items to the above address or email paperwork to drneu@bioenergymedicalcenter.com. Once paperwork and deposit are obtained, you will be contacted by our office to schedule an appointment.

- This Pediatric Patient Initial Contact Form – which **MUST** be signed by **BOTH** parents
- A check for the \$150 refundable deposit (if appointment cancelled with more than 7 days' notice), made payable to Bio Energy Medical Center
- The Practice Policy – form **MUST** be signed by **BOTH** parents
- A completed Pediatric Patient Questionnaire

The fee for your initial consultation is \$525.00 (less the deposit) and includes:

- Comprehensive review of your child's history and questionnaire
- Consultation with Dr. Neuenschwander for approximately two hours
- Treatment outline and recommendations
- Effective January 1, 2014 Dr. Neuenschwander will no longer submit to insurance, you will be provided a receipt that can be submitted for possible reimbursement.

Sign _____ Date _____

Sign _____ Date _____

PRACTICE POLICIES

OFFICE POLICY:

We require a credit card number on file for all patients in order to schedule appointments. To be considered an active patient and receive ongoing care, we require that a child be seen in our office at least once per calendar year. All other follow-up appointments may be in person or by telephone.

CANCELLATION POLICIES:

As part of our continued effort to provide you with the very best medical care and to accommodate all appointment requests, we are requiring a valid credit card be on file to reserve your time with our clinicians. Our clinicians meticulously prepare for each appointment prior to the time of your appointment. This ensures that we achieve the high standard of care and treatment we pride ourselves on. All services are provided by appointment only and this scheduled time is reserved for your exclusive use. The cancellation policy differs by the type of appointment, as documented below.

Cancellation of an Initial Consult

All new patient appointments must be canceled 7 days prior to your scheduled appointment. Appointments not cancelled within 7 days of the scheduled appointment will be billed at 50% of the standard initial consultation fee.

Follow-up Appointment Cancellation

We require two business day's notice for follow-up consultations, which includes office visits or telephone consults with any of our clinicians. Appointments not cancelled two business day's of the scheduled appointment will be billed at 100% of the standard fee for the follow-up service. Fees for non-cancellation of follow-up appointments are non-refundable and may not be used as credit to a future consultation or procedure.

To cancel an appointment, please call 734-995-3200. Our general office hours are Monday thru Thursday, 9 a.m.-5 p.m. All cancellations must be stated via telephone. If you cannot reach us in person by phone, you can leave a detailed voicemail message with your name, patient's name, date and time of your scheduled appointment. In the case of a true medical emergency or an act of God (natural disaster) our cancellation policy does not apply but may require documentation in writing. If you have any questions regarding any of these policies, please call our office at 734-995-3200. Your cooperation and understanding in this matter are greatly appreciated.

I/WE _____ have read and understand the above outlined policies.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Autism spectrum disorder (ASD) covers a range of abnormalities. On one end of the spectrum is the severely autistic (“Rainman” type) patient; while on the other is a person with attention deficit disorder (ADHD). Persistent developmental delay (PDD) and Asperger’s Syndrome lie in between. There has been a rapid and concerning increase in the incidence of ASD to the point where one in 50 children born will be diagnosed with ASD. The incidence is even higher in males. There has been much work in the field of genetics to identify anomalies that may cause ASD. So far, over one hundred genetic anomalies have been identified that are linked with ASD. However, if genetics were the sole cause of ASD, we would not see the alarming rise in its incidence. The rate of a solely genetic disorder should stay constant over time. There is a much more sophisticated understanding of the relationship between genes and environment that has come to the forefront—a field called genomics. Genomics recognizes that the genetic blue print is only a set of possibilities; it is the interaction of those genes with the environment that determines how a person develops. With this in mind, a number of pioneering physicians and research scientists have been looking at ASD to find what environmental factors may play a role in the development of ASD and whether manipulating these factors could reverse the process and actually cure a child with ASD. This is known as the bio-medical approach to the treatment of ASD and has been championed by groups such as Defeat Autism Now! (previously known as DAN!) and The Medical Academy of Pediatric Special Needs (MAPS). This approach is what we use at Bio Energy to treat our patients who have been diagnosed with ASD.

The first area of interest lies in the digestive tract. It has been known since autism was first described that most of these children have issues with their digestion. These range from simple stomach upset and bloating to severe, explosive diarrhea. Dietary changes frequently are the first step in treating ASD. Approaches include a gluten and casein free diet, a rotation diet, a specific carbohydrate diet, or a low oxalate diet. Gluten and casein are proteins found in grains (especially wheat) and dairy, respectively. They appear to be an issue of ASD children on two fronts. First, many children have delayed-type hypersensitivity to these proteins—in essence, they are allergic to them. Secondly, these proteins are broken down into intermediates that act like opiates—altering behavior and contributing to the children’s separation from their environment. Over 60% of ASD children improved with this diet alone based on parent reporting. The rotation diet is based on a child’s individual food sensitivities. We perform blood testing to determine a child’s sensitivity profile and make recommendations on these results. The specific carbohydrate diet can aid children that have issues with intestinal candidiasis (yeast) or sugar sensitivities. The low oxalate diet can be helpful with children that remain agitated despite other interventions or if there is any evidence of joint problems. If this sounds overwhelming, don’t worry. We try to tailor a child’s diet to his or her specific issues based on history, observation, and some testing.

The second area of importance for children with ASD is the arena of methylation and sulfation. These describe biochemical processes that are essential for detoxification and energy production. Children with ASD appear to be deficient in one or both of these areas. Because of this, they are much more sensitive to environmental toxins than are unaffected children. If an unaffected child is presented with an environmental toxin such as a pesticide residue, their sulfation mechanisms will take care of the problem. A child with ASD that has a problem with this system will be unable to process the same toxin without causing other problems. The ASD child will have to “rob Peter to pay Paul;” methylation and sulfation components will be stolen from energy production in order to assist with detoxification. The net result will be a cell that cannot function properly. The brain is particularly sensitive to this process. If these changes occur in an adult, they will experience “brain fog” and fatigue. If they occur in a child with a developing brain, they will result in delayed or regressed development and behavioral problems. Treatment involves identifying the toxins in the child’s environment, removal of those toxins from both the environment and the child, and nutritional support to promote or supplement these systems. Much of the biochemical testing we do at Bio Energy is designed to identify these toxins and metabolic abnormalities.

A third area of concern with ASD children is the immune system and the syndrome of chronic infections. Many ASD children have problems with recurrent infections with strep or other common organisms. One recent study demonstrated almost 60% of ASD children tested positive for Mycoplasma (a common atypical bacterial infection) while only 5% of unaffected children tested positive. A positive or negative result was based on the presence or absence of the bacterial DNA in the child's blood using an extremely sensitive technique called PCR. There were similar results when these children were tested for Chlamydia pneumonia and Human Herpes Virus 6. This would suggest that some part of the ASD child's immune system is not functioning properly. In addition, many ASD children have abnormal stool cultures showing many potentially disease causing (pathogenic) organisms as well as a lack of healthy bacteria. There are a number of stool and blood tests that we perform to try to identify and treat these organisms.

Another issue with ASD children is heavy metal treatment with chelation. Many ASD children have elevated levels of lead, mercury, and other toxic metals when tested appropriately. A large percentage of children with ASD will show improvement with chelation (the process of removing these metals using compounds that bind them and remove them from the body). Most chelators we use also have the added benefit of being excellent supporters of the sulfation processes we discussed earlier. At Bio Energy, we use both urine challenge testing as well as hair analysis to determine who might benefit from chelation therapy. Children that demonstrate issues with sulfation may also be prescribed chelation in an effort to improve that function as well.

Finally, a word on "traditional" treatment of ASD. Nothing we do at Bio Energy in the treatment of ASD is intended to replace the usual ABA, PT/OT/Speech therapies of traditional medicine. At the end of the day, ASD children have problems processing their environment. They need to be taught the most basic issues of life, social interaction, and appropriate behavior. The biomedical approaches are intended to allow this learning to occur, not replace the process of teaching. The same is true of medications. We will do everything we can to identify and correct reasons why a child is agitated and misbehaving; however, sometimes medication is the only way for a child to calm down enough to learn.

We strive to be thorough in our approach to the child with ASD. This begins with parents filling out a thorough history of the child's development, history, and previous therapies that have been tried. We ask that this be done a few weeks in advance of the initial evaluation so that Dr. Neuenschwander can read it in advance. The actual appointment is scheduled for two hours. This will allow Dr. Neuenschwander to get a complete history and observe the child in action. Based on these ingredients, Dr. Neuenschwander will recommend further testing and or dietary changes and supplements.

***Bio Energy Medical Center
James Neuenschwander, M.D.
4201 Varsity Drive, Suite A
Ann Arbor, MI 48108
June, 2018***

PATIENT CONSENT FORM

To Whom It May Concern:

May I ask that you sign a copy of this document and return it to Bio Energy Medical Center? Your signature will document your understanding and consent of the following principles and practice. There has been a rising incidence in the US and elsewhere of problems in children that fall diagnostically within a spectrum of autistic disorders (ASD) and possibly related attention problems (ADHD). To the extent that any individual displays symptoms of ASD and ADHD, he or she may be a participant in the rising incidence of these problems. To the extent that these problems are increasing in incidence beyond any measure that could be attributed to a purely genetic cause (which would be stable in incidence over long periods) any participant in the increase may be assumed to have causes consistent with environmental factors. Based on such considerations I would like to have such causes considered in the evaluation of my child.

In asking Dr. Neuenschwander for help in optimizing the options for my child I have been aware that my child's syndrome includes many features that are not necessary to diagnose ASD or ADHD in a given child and may include symptoms related to other body systems than behavior, cognition and socialization. These symptoms are indicated on the questionnaire and other documents introduced at the initial visit. I was not seeking a treatment or cure for a disease such as Autism, but rather an approach focusing on my child as an individual. Is there something of which this person should be rid, which would result in better function? I understand that as a matter of public policy, no environmental cause has been proven link to ASD or ADHD or related problems in children or adults. I grasp the difference between public and private health policy and insist that the threshold for reasonableness in decisions applied to any given individual may be lower than that required for proof as applied to large groups of individuals. Moreover I insist that my child be treated as an individual, not solely on the basis of his or her diagnostic grouping. Therefore, borrowing from a list of possible environmental factors that have been suggested as causative of the rise of incidence in ASD, ADHD and possibly related problems I desire that such factors be considered in the investigation of the biochemical, immunological and toxicological aspects of my child's problems. I am familiar with writings or the contents of writings that describe the factors associated with the rise in incidence of ASD and related problems. These include the Newsletters of the Autism Research Institute, Biomedical Assessment Options For Children with Autism and Related Problems, by Pangborn, J and Baker, SM. Published by The Autism Research Institute, Biological Treatments for Autism and PDD, by William Shaw, PhD, Children With Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder, Second Edition, by Jaquelyn McCandless, MD, the syllabi of the meetings of the Defeat Autism Now! (DAN!) Organization, The Chemistry of Autism, by Baker, SM et al presented at the Autism Research Institute™ Defeat Autism Now! Conference in Philadelphia PA, April 2008, as well as various postings on the Internet that refer to the questions and theories expressed in these writing. I desire that my child be evaluated with diagnostic steps aimed at some or all of the following factors that are referred to in the above publications or in the references cited by them. These factors include possible responsiveness to:

Nystatin, Sporanox, Nizoral, Diflucan, Lamisil, oral amphotericin B, Saccharomyces boulardii, and other over the counter antifungal substances.

- Diet excluding yeasts, molds, and sugars
- Diet excluding casein and gluten
- Diet excluding starches (Specific Carbohydrate Diet as described in Breaking the Vicious Cycle

- Administration of various sulfur bearing substances that are broadly considered to be useful in the detoxification of heavy metals but may also be effective in providing support to the chemistry of sulfation in its other roles in human biochemistry. These compounds are reduced glutathione, thiamine tetrahydrofurfuryl disulfide (TTFD), and alpha lipoic acid, n-acetyl cysteine, and Epsom salt baths.
- Vitamin and mineral supplements
- Supplements of certain amino acids, which may, depending on diagnostic evidence, address problems of maldigestion of proteins, malabsorption of essential amino acids, abnormalities of precursors of neurotransmitters, and deficits of sulfuramino acids.
- Supplements of omega 3 oils
- Methylcobalamin (methylB12)
- Folic acid, folinic acid (leucovorin), 5-methyltetrahydrofolate (Folapro)
- Vitamin B6 and Magnesium
- Acyclovir or related antiviral compounds
- Probiotics
- Oral transfer factor
- Digestive enzymes
- Oral immune globulin
- Intravenous Immune globulin if I request referral to a doctor who gives it.
- Secretin

I understand that none of the above constitutes treatment for a disease but in each case, if administered to my child, is a diagnostic measure designed to determine effectiveness. Only on the basis of initial persuasive evidence of effectiveness would any of these measures constitute more than a diagnostic test. I understand that the judgment of such effectiveness may be based on changes in signs, symptoms and laboratory tests. I further understand that there are scientifically plausible links implied among the various causative factors in the above list and that combinations of these measures may be helpful when single measures may fail. I understand that in my child's record, where any of these measures is listed in a section labeled treatment that the measure constitutes a therapeutic trial and as such is a diagnostic test of efficacy. I understand that essentially all of the above factors have been declared unproven. I understand that essentially all of the above factors may be considered unproven or experimental by third party payers. My acknowledgement below constitutes my consent to the diagnostic approach embodied in this document. Any specific measures taken have been or will be carried out by me or under my supervision as a parent. To the extent that some of the diagnostic approaches embodied in this document have already been undertaken in my child's care I acknowledge that my understanding of the approaches at the time of first considering each of these steps was essentially no different than at the time of signing this document. At no time in the course of my child's care did Dr. Neuenschwander lack my completely informed consent.

Parent Print _____ Parent Sign _____ Date _____

Parent Print _____ Parent Sign _____ Date _____

HIPAA Consent

I am aware that a document containing my privacy rights under the HIPAA laws is available in the Bio Energy Medical Center waiting room should I wish to review it. By signing this document, I am signifying that I understand and agree to its provisions.

Parent: _____ Date _____

"English" Version of Patient Consent Form

The intent of this consent is to be clear on Bio Energy Medical Center's approach to the biomedical treatment of children diagnosed with autism spectrum disorder (ASD), attention deficit (ADHD), or related disorders. The salient points of the consent (in plain English) are:

- The "standard" model of ASD is that it is a genetically programmed psychiatric disorder. Therefore, the only treatment is to use behavioral/cognitive techniques and psychiatric medications. Even though the original description of autism included many physical symptoms, these are felt to be unimportant in the treatment of ASD. While Dr. Neu agree that there are many genetic components that are at play in ASD and related disorders, the manifestation of these genetic mutations are affected by environmental factors in the vast majority of children with ASD and related disorders.
- We ask that parents/caretakers be somewhat familiar with the biomedical approach. A number of books/references are listed. We do not expect you to read and memorize all these sources. They are listed so that you can become informed prior to your visit.
- The treatment protocols used by Dr. Neu are listed. None of the treatments are accepted by the "powers that be" in pediatrics as treatments for ASD. These treatments are used both diagnostically and therapeutically. Although we have many tests at our disposal, frequently the only way to determine if a treatment will be helpful is to try the treatment first (diagnostic trial). If it helps, we continue that treatment (therapeutic use).
- The protocols mentioned are always in addition to the behavioral and cognitive treatments. We do not currently offer these types of treatments at BEMC.
- Finally, the consent mentions that any treatments that are undertaken prior to officially signing the consent are done with the elements of the consent form in place.

If you have any questions about the consent form or our approach, please do not hesitate to contact us at the above numbers.

**Bio Energy Medical
Center**

James R. Neuenschwander, M.D.
4201 Varsity Drive, Suite A
Ann Arbor, MI 48108

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Office Use Only		
CK	CA	CC

PERSONAL INFORMATION

Date Questionnaire Received: ____ / ____ / ____ Date of Initial Consultation: ____ / ____ / ____

[The above line is for office use only]

Child's Name: First: Last: Middle Initial:

Parent(s) Name(s):

Address: Street:

City:

State:

Zip:

Phone: ()

Cell # : ()

Email:

Child's birth date: Month: Day: Year: Child's Sex (Circle One): Male/Female

Responsible Party's Social Security Number (If billing insurance):

— —

Primary Care Physician: Name:

City:

State:

Zip:

Phone #: ()

Cell #: ()

Health insurance:

Phone #:

Group#

ID #:

Subscriber's Name:

Subscriber's Date of Birth:

Siblings: Name:

Sex

Birthdate

Male/Female

Month:

Day:

Year:

Male/Female

Month:

Day:

Year:

Parent's occupation(s):

Note: Please bring a fairly recent picture of your child that we may keep plus a baby picture that we may look at and return.

Diagnoses or explanation given to you about your child (Date of diagnoses: ____ / ____ / ____):

Other problems to be addressed:

[illegible]

Describe your child to me, including his/her history. Please be as detailed as possible.

- When did you first notice your child's problem?

- What did you first notice?

- Was the onset of your child's problem sudden or gradual?

- Was there any event or illness that you or others think brought on your child's symptoms?

Please make notation of any other event, action, etc. that you think may have some bearing/relationship to your child's condition. Again, be as detailed as possible and do not hesitate to mention anything, no matter how small or insignificant, that you believe is related to your child's problem(s):



CHILD'S MEDICAL HISTORY					
PRIMARY DOCTOR (S)					
Name	Phone Numbers			City	
THERAPIST(S) Speech - Occupational - Physical - Other					
Name	Type of Therapist	Phone	City		Hours/Week
Other Care-Givers					
Name	Phone	City		Date of Evaluation	
Specialist(s)					
Naturopath(s)/Homeopath(s)					
Nutritionist					
Other					



PRENATAL HISTORY

Maternal age at delivery: _____ years

Illnesses during pregnancy:

Medication/Vaccines during pregnancy including flu vaccine:

Dental work during pregnancy?

Complications during pregnancy:

Complications during labor and delivery:

Mode of delivery: C-section/vaginal? If C-section, explain why:

If vaginal delivery, did you have forceps/vacuum?

Medication(s) during labor and delivery?

Full term/premature? (Circle one)

How many weeks? _____ weeks

Complications after delivery?

Medications given to child during hospital stay?



DIETARY/NUTRITIONAL HISTORY

Breast-fed? Yes/No (Circle One): If yes, how long? _____

Bottle-fed? Brand of formula? _____ Begun at what age? _____ For how long? _____

Foods? Begun at what age? _____ First foods? _____

Whole milk? Yes/No (Circle One) If yes, begun at what age? _____

Known allergies to food? (Please list): _____

Suspected sensitivities to foods? (Please list): _____

Food cravings? (Please list): _____

Foods my child eats: (Place  in appropriate column)

Food	Daily	3 - 5 times/ week	1 - 3 times/ week	Never or almost never	Used to eat a lot but no longer does
Cookies:					
Candy:					
Sweet foods:					
Caffeine (soda, tea, etc.):					
Chocolate:					
Milk: Whole:					
2 % :					
1 % :					
Skim:					
Cheese:					
Ice Cream:					
Salty Foods:					
Meat:					
Pasta:					
Bread: White:					
Wheat:					
Other:					



DIETARY/NUTRITIONAL HISTORY (Continued)

Check (☐) the most appropriate description below of your child's diet: Mostly

- ☐ baby foods
☐ Mostly carbohydrates (bread, pasta, etc.)
☐ Mostly dairy (milk, cheese, etc.)
☐ Mostly meat
☐ Mostly vegetarian (vegetables, fruits, grains, etc.)
☐ Other. Describe:

Please describe your child's stool pattern (Examples: daily, foul, large, mushy, etc.):

Please list the foods and beverages normally consumed by your child for three typical days:

DAY 1

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

Other

DAY 2

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

Other

DAY 3

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:



FAMILY HISTORY

List any allergies, major illnesses, genetic diseases or problems for each of the following family members of your child: Mother:

Father:

Siblings:

Maternal Grandparents:

Paternal Grandparents:

Others:

SOCIAL HISTORY

Who lives in the home with your child:

Are any children in your family adopted?

Pets in the house:

Caregivers besides parents:

List the people most important in your child's life:

Recent changes, losses, births, deaths, divorce, remarriage or moves:

Recent travel:

Child's response to these changes:

Is your child involved in any sports, music or other activities? Please describe:

How does your child interact with other children?

- With adults:

- What makes your child happy?

- Sad?

- Angry?

- Stressed?

- How do you as a parent deal with these emotions in your child?



ENVIRONMENTAL HISTORY

Do you, your child, or any family members practice any relaxation/stress management techniques? Please describe:

CIRCLE THE APPROPRIATE ANSWERS TO THE FOLLOWING QUESTIONS:

Location of home: City/Suburban/Wooded/Farm Other (describe):

Water: City/well Purification system: Yes/No If yes, please describe:

Type of heat: Electric/gas/oil/other If other, please describe:

Do you live near: Power lines/woods/industrial areas/water?

If you live near water, list type: Swamp/river/ocean/other If other, please describe:

Does your home have a lot of: Dust/mold/down or feather items (pillows, upholstery, stuffed animals?) If, so, please give details:

Describe your child's bedroom (Circle appropriate response):

Bedding: Synthetic/down/feather? Mattress cover: Yes/No Crib/Junior Bed/Adult Bed

Flooring: Carpet: Wall-to-wall or area rug? Wood? Glued down? Synthetic pad?

Window treatment: Shades/blinds/thin curtain/heavy curtain/valance/other? If other, describe:

Other items in room including furniture, toys, stuffed animals:

Flooring in other rooms:

Child's bathroom?

Living room?

Family room/play room?

Is your child sensitive to or bothered by any of the following? Please check where appropriate and list specific products if possible:

Perfumes/cosmetics?

Mold?

_____ Cleaning products?

_____ Pollens/grasses?

_____ Soaps?

_____ Animals (dander)?

_____ Detergents?

_____ Gasoline?

_____ Dust?

_____ Paint?

_____ Other?

Please list known allergies:



DEVELOPMENTAL HISTORY

Please list age when following skills were mastered and any problems associated with these skills: First

words: (Age: _____)

Phrases or sentences: (Age: _____)

Pulling to stand: (Age: _____)

Walking: (Age: _____)

Sitting up: (Age: _____)

Crawling: (Age: _____)

Running: (Age: _____)

Walking up/down steps without help: (Age: _____)

Jumping: (Age: _____)

Learned to pedal: (Age: _____)

Rode 2-wheel bicycle: (Age: _____)

Put on clothing: (Age: _____)

**MEDICAL HISTORY**

Please mark which tests have been done and provide date and results

Evaluation/Test	Date	Results (normal, abnormal or unsure)
24 Hour Amino Acids		
Amino Acid Screen		
Blood Chemistry Screen		
Blood Count (CBC)		
Blood Test—Fatty Acid		
Blood Test—Food Allergies		
CT Scan (specify area)		
Colonoscopy		
DMSA Loading Study		
EEG		
Folic Acid		
Fragile X Chromosome Study		
Hair Elements		
Hearing Test		
Immune Profile		
Intestinal Permeability		
Liver Detox Profile		
MRI (specify area)		
Organic Acids—fungal/bacteria		
Organic Acids—Metabolism		
PET Scan		



MEDICAL HISTORY

Please mark which tests have been done and provide date and results

Evaluation/Test	Date	Results (normal, abnormal or unsure)
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 (blood or urine)		
Urinary Peptides		
Urine Elements		
Urine Kryptopyrrole		
X-Rays (specify)		
Other:		



MEDICAL HISTORY (Continued)

Major surgeries - Please describe and give dates:

SURGERY	DATE(S)	RESULTS

Major injuries - Please describe and give dates:

INJURY	DATE(S)	RESULTS

Illnesses - Please list appropriate dates and any complications:

ILLNESS	DATE(S)	COMPLICATIONS
Ear infections		
Sinus infections		
Bronchitis		
Pneumonia		
Thrush		
Chicken Pox		
Seizures		
Mono		
Other: (Please list):		

Child's Last Name

Medication or Supplements

Please check (☐) substances taken now or in the past and mark the appropriate reaction

now	past	Medication or Supplement	Very Good	Good	None	Bad	Very Bad	Bad then Good	Comments
		Central Nervous System							
		Clozaril (clozapine)							
		Haldol							
		Prolixin							
		Risperdal							
		Seroquel							
		Stelazine							
		Thorazine							
		Zyprexa							
		Clonidine							
		Cogentin							
		Deanol (deaner, DMAE)							
		Dextromethorphan							
		Lithium							
		Naltrexone							
		St. John's Wort							
		Anafranil							
		Depakene for behavior							
		Depakene for seizures							
		Depakote for behavior							
		Depakote for seizures							
		Dilantin							
		Felbatol							
		Gabitril							
		Keppra							
		Klonopin							
		Lamictal							
		Luvox							
		Mysoline							

Child's Last Name

Medication or Supplements

Please check (☐) substances taken now or in the past and mark the appropriate reaction

now	past	Medication or Supplement	Very Good	Good	None	Bad	Very Bad	Bad then Good	Comments
		Central Nervous System							
		Neurontin							
		Paxil							
		Phenobarbital							
		Strattera							
		Tegretol							
		Topamax							
		Trileptal							
		Valium							
		Zarotin							
		Zonegran							
		Adderall							
		Prozac							
		Zoloft							
		Amphetamine							
		Cylert							
		Dexedrine, dextroamphetamine							
		Fenfluramine							
		Focalin							
		Ritalin							
		Buspar							
		Chloral hydrate							
		Valium							
		Desipramine							
		Mallaril							
		Tofranil							
		Klonapin							
		Antihistamines							
		Benadryl							

Medication or Supplements

Please check (☐) substances taken now or in the past and mark the appropriate reaction

now	past	Medication or Supplement	Very Good	Good	None	Bad	Very Bad	Bad then Good	Comments
		Claritin							
		Singulair							
		Zyrtec							
		Digestive Flora							
		Antibiotics (specify type and number of times)							
		Bactrim (sepra)							
		Diflucan							
		Humatin							
		Lamisil							
		Nizoral							
		Nystatin							
		Saccharomyces boulardii							
		Sporonax							
		Transfer Factor (oral)/ Colostrum							
		Yodoxin							
		Digestion							
		Bethenecol							
		Digestive enzymes							
		Pepsid							
		Peptidase enzymes							
		Probiotics							
		Detoxification							
		DMPS							
		DMSA (succimer, chemet)							
		Reduced glutathione (TTFD)							
		Reduced glutathione (IV)							
		Reduced glutathione (oral)							
		Folic Acid							
		Melatonin							

Medication or Supplements

Please check (☐) substances taken now or in the past and mark the appropriate reaction

now	past	Medication or Supplement	Very Good	Good	None	Bad	Very Bad	Bad then Good	Comments
		Nutrition and Metabolism							
		Multivitamin (Specify)							
		Vitamin A							
		Vitamin C							
		Vitamin B3 (Niacin)							
		Vitamin B6							
		5 HTP							
		Alpha Keto Glutarate (AKG)							
		Amino Acid Mix							
		Deanol							
		Dimethylglycine (DMG)							
		GABA							
		Glutamine							
		SAMe (SAM, Samyr)							
		TMG							
		Taurine							
		Tryptophan							
		Tyrosine							
		Calcium							
		Magnesium							
		Manganese							
		Selenium							
		Zinc							
		Human Growth Factor							
		IV Immune globulin							
		Kutapressin							

Medication or Supplements	

Please check () substances taken now or in the past and mark the appropriate reaction

[illegible]

Therapies and Diets

Please indicate therapies and diets you have used and/or are using.

[illegible]

SIGNS AND SYMPTOMS

Please check (☐) any signs/symptoms your child may demonstrate and note duration and details if appropriate:

No.	Description	Mild	Moderate	Severe	Duration	Unique details
1	Stimming (repetitive actions or movements)					
2	Rocking					
3	Head banging					
4	Self-mutilation					
5	Nail biting					
6	Hand/arm biting					
7	Nail/skin picking					
8	Aggressiveness (hitting, kicking, biting others)					
9	Mood swings					
10	Irritability/tantrums					
11	Fears/anxieties					
12	Hyperactivity					
13	Inability to concentrate/focus					
14	Always fidgety in his/her seat					
15	Impulsive					
16	Breath holding					
17	Dizziness					
18	Seizures					
19	Poor coordination					
20	Problems with buttons, ties, snaps or zippers					
21	Processing problems - visual, motor, language, etc.					
22	Problems with social interactions					
23	Sensitive to crowds					
24	Trouble remembering					
25	Low self-esteem					
26	Fatigue					
27	Cold hands/feet					
28	Cold intolerance					
29	Heat intolerance					

SIGNS AND SYMPTOMS (Continued)

Please check (☐) any signs/symptoms your child may demonstrate and note duration and details if appropriate:

No.	Description	Mild	Moderate	Severe	Duration	Unique details
30	Recurrent/chronic fever					
31	Flushing					
32	Difficulty falling to sleep					
33	Night waking					
34	Nightmares					
35	Difficulty waking					
36	Bed wetting/soiling					
37	Day time wetting/soiling					
38	Numbness/tingling in hands/feet					
39	Headache					
40	Blinking					
41	Tics					
41	Eye discharge					
43	Dark circles/puffiness under eyes					
44	Night-blindness in child/family					
45	Congestion					
46	Dripping nose					
47	Sensitivity to bright lights					
48	Earaches					
49	ringing in ears					
50	Sensitive to sounds/noise					
51	Bad breath					
52	Nose bleeds					
53	Acute sense of smell					
54	Sore throats					
55	Hoarseness					
56	Cough					
57	Wheezing					
58	Geographic tongue					
59	Swollen gums					

SIGNS AND SYMPTOMS (Continued)

Please check (☑) any signs symptoms your child may demonstrate and note duration and details if appropriate:

No.	Description	Mild	Moderate	Severe	Duration	Unique details
60	Canker sores					
61	Dry lips/mouth					
62	Diarrhea					
63	Constipation					
64	Bloating					
65	Passing gas					
66	Belching					
67	Stomach ache					
68	Refusal to eat					
69	Sensitive to texture of food					
70	Difficulty swallowing					
71	Food Craving					
72	Grinding teeth					
73	Mucous/blood in stools					
74	Anal itching					
75	Calf cramps					
76	Other muscle cramps/spasms					
77	Tremors					
78	Weakness					
79	Stiffness					
80	Eczema					
81	Psoriasis					
82	Hives					
83	Acne					
84	Seborrhea (cradle cap)					
85	Other rashes					
86	Easy bruising					
87	Itchy scalp					
88	Dry skin					
89	Oily skin					
90	Pale skin					

SIGNS AND SYMPTOMS (Continued)

SIGNS AND SYMPTOMS (Continued)						
No.	Description	Mild	Moderate	Severe	Duration	Unique Details
91	Sensitivity to insect bites					
92	Sensitive to texture of clothes					
93	Cracking/peeling hands					
94	Cracking/peeling feet					
95	Strong body odor					
96	Strong urine odor					
97	Strong stool odor					
98	Soft nails					
99	Thickening of nails					
100	Ridges/pitting of nails					
101	White spots/lines on nails					
102	Brittle nails					
103	Any OCD (obsessive compulsive) behaviors					
104	Strategies to put pressure On abdomen					
105	Reflux					
106	Persistent colic					
107	Toe walking					

SIGNS AND SYMPTOMS (Continued)

Describe any other symptoms you would like me to know about your child:

List any other history, pertinent thoughts or questions that you want to address:

Vaccine Record or attach a copy/date and any reaction

Diphtheria/Pertussis/Tetanus	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
DTaP 1								
DTaP 2								
DTaP 3								
DTaP 4								
DTaP 5								
Adult Diphtheria/Tetanus (TD)								
Pediatric Diphtheria/Tetanus								
H Influenza Type B	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
HIB 1								
HIB 2								
HIB 3								
Polio (circle oral or Injection.)	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
OPV 1/ Injection 1								
OPV 2/ Injection 2								
OPV 3/ Injection 3								
OPV 4/ Injection 4								
Measles/Mumps/Rubella	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
MMR 1								
MMR 2								
Hepatitis B Vaccine	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
HBV 1								
HBV 2								
HBV 3								
Prevnar 13 (or other)	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
1 dose								
2 dose								
3 dose								
4 dose								
Rotovirus	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
1 dose								
2 dose								
3 dose								
Hepatitis A	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
1 dose								
2 dose								
Miscellaneous	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
Varicella (Chicken Pox) 1								
Varicella (Chicken Pox) 2								
Flu Vaccine 1								
Flu Vaccine 2								
Flu Vaccine 3								
Flu Vaccine 4								
Flu Vaccine 5								
Other								

Helpful resources

Books

Healing and Preventing Autism, by Jenny McCarthy and Jerry Kartzinell, MD
Healing the New Childhood Epidemics: Autism, ADHD, Asthma, Allergies, by Kenneth Bock MD
Vaccines, Autism & Chronic Inflammation: The New Epidemic. Barbara Loe Fisher (NVIC.org)
Special Diets for Special Kids and Special Diets for Special Kids Two, by Lisa Lewis

Websites

Autism Research Institute (www.autism.com/ari)
Talk About Curing Autism (www.tacanow.org)
Center for the Study of Autism (www.autism.org)
Autism One (www.autismone.com)
Autism Network for Dietary Intervention (www.autismndi.com)
Developmental Delay Resources (www.devdelay.org)
Generation Rescue (www.generationrescue.org)

Gluten-Free/Casein-Free Diets/ Celiac Disease/Gluten Intolerance

www.circleoflifefnutrition.net Marjie's Gluten Free Pantry (located in downtown Fenton)
The recipe diva (www.therecipediva.com)
<http://www.thecandidadiet.com/gluten-allergies-healthy-diet.htm>
Celiac Sprue Association (www.csaceliacs.org)
Gluten Intolerance Group of North America (www.gluten.net)
Celiac Disease Foundation (www.celiac.org)
Gluten Free/Casein Free Diet (www.gfcfdiet.com)
Gluten-Free links ([/www.gflinks.com](http://www.gflinks.com))
Kinnikinnick Foods (www.kinnikinnick.com)
Pamela's Products (www.pamelasproducts.com)
The Allergy Grocer (www.allergygrocer.com)
The Gluten Free Mall (www.glutenfreemall.com)
The Gluten Free Pantry (www.glutenfree.com)
Shelley Case, RD (author of "Gluten Free Diet") (www.glutenfreediet.ca)
Quick Start Diet Guide (www.enjoylifefoods.com)
www.glutenfreeliving.com (magazine)
www.livingwithout.com (magazine)
www.glutenfreecookingclub.com
www.glutenfreedugs.com (for prescription and OTC drugs)

Environmental Health

Institute for Children's Environmental Health (www.iceh.org)
Children's Health Environmental Coalition (www.chechnet.org)
The Green Guide (www.thegreenguide.com)
Environmental Working Group (www.ewg.org)
The Collaborative on Health and the Environment (www.healthandenvironment.org)