

Advocates for Children - Autism Intake Form

Patient

Name:

Hometown:

Travel time to clinic:

How did you hear about our clinic:

Child's date of birth:

Age:

Diagnosis:

Age @ diagnosis:

Previous Biomedical care:

Main concerns about child:

Family

Parent's occupation/significant medical history:

Mother:

Father:

Siblings:

Siblings or close relatives with neurodevelopmental issues:

Prenatal History

Maternal age:

Mother had problems during pregnancy. Yes No

Mother had illnesses during pregnancy. Yes No

Mother had vaccinations during pregnancy. Yes No

Mother had amalgam (silver) fillings in place during pregnancy. Yes No

Mother had dental work during pregnancy. Yes No

Mother had possible known or suspected environmental toxin exposures during pregnancy. Yes No

Mother had known or suspected environmental toxin exposures during her youth.

Yes No

Mother's blood type is Rh X, mother had X Rhogam shots. Yes No

Baby was delivered at 36 weeks. Yes No

Delivery was vaginal. Yes No

There were problems during delivery. Yes No

Baby spent regular days in the hospital. Yes No

Baby had problems during hospital stay. Yes No

Development

Symptoms first noticed at _____ months/years.

Child development was normal until _____ months/years.

Regressions:

Possible triggers to regression:

Language

Child is currently nonverbal. Yes No

Age of milestones:

Current words/sentences:

Child lost language skills at _____ months/years.

Motor

Gross motor skills:

Fine motor skills:

Coordination:

Child toe walks. Yes No

Child has flat feet. Yes No

GI

Child breastfed for _____ months/years.

Child formula fed _____ months/years.

Child was colicky as an infant. Yes No

Child did not show any signs of abdominal pain until _____ months/years.

Child's bowel habits:

Past:

Current:

Child is potty trained. Yes No

Child is a picky eater. Yes No

Food cravings:

Food Sensitivities/Allergies:

Child has tried any special diets –

Sleep

Child's sleep habits:

Previous:

Current:

Child has funny odors or sweating during sleep. Yes No

Dental

Child has amalgams (silver fillings.) Yes No

Child has problems with tooth enamel. Yes No

Child grinds teeth. Yes No

Behavior

Child's level of attention:

Child is hyperactive: Yes No

Child is sometimes "foggy" or "spaced out": Yes No

Child is rarely silly or giddy. Yes No

Child has tantrums. Yes No

Child is aggressive. Yes No

Child does self stimulating (stimming) behaviors. Yes No

Child does exhibit obsessive behaviors. Yes No

No history of strep infections. Yes No

Things (environment/infection/other) that makes child's behavior worse:

Things that makes child's behavior better:

Social

Child has little social interaction problems with adults/peers. Yes No

Neuro/Sensory

Child has had seizures. Yes No

Child has a history of tics. Yes No

Child has had an EEG. Yes No

Child has had neuroimaging (MRI-normal). Yes No

Sensory issues:

 Oral: yes no

 Touch: yes no

 Sound: yes no

 Smell: yes no

Child has no history of pain insensitivity. Yes No

Child has had auditory integration training. Yes No

Infectious Disease

Child has frequent or unusual infections. Yes No

Child has had ___ courses of antibiotics. Yes No

 Last time :

Child has used antiviral medications. Yes No

Child has had antifungal medications. Yes No

Immunizations

Child received the routine immunization schedule. Yes No

Child showed reactions to shots. Yes No

Reactions:

Child has had flu shots. Yes No

There is no unusual history of chicken pox or shingles in patient or family.

Yes No

Endocrine

There is no family history of precocious puberty. Yes No

Allergies

Child has food or drug allergies. Yes No

Allergies:

Child has history of asthma or wheezing. Yes No

Child does get dark circles under their eyes. Yes No

Child has been on steroids in the past. Yes No

Dermatology

Child does not have any history of rashes or eczema. Yes No

Child does get rashes with certain foods. Yes No

If yes, what foods:

Child does get redness around the anus, diaper rashes. Yes No

Interventions that have helped child:

Interventions that have made no difference:

Interventions that made child worse: