

## FOLLOW UP VISIT

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's date of birth \_\_\_\_\_

Most recent ATEC score \_\_\_\_\_ Date done \_\_\_\_\_

Describe what "good things" are happening since last visit:

What are your current concerns (including problems behaviors):

How has your child's health been since our last visit?

Any obvious problems with allergies (nasal congestion, snoring, restless sleep, increased irritability)? Please describe:

Describe your child's sleep patterns:

Describe your child's stools:

Frequency:

Consistency:

Color:

Smell (foul, normal, etc.):

Quantity (large or small):

Potty-trained?:                      Stool?                      Urine?

Describe your child's diet:

Gluten free?                                      Casein free?                                      SCD?

List protein sources:

List Carbohydrate sources:

List Fruits and Vegetables commonly eaten:

List what your child drinks:

How has your child's language been developing? Please describe expressive and receptive language problems and whether you have noticed improvement. If improved, what has helped?

How is your child's eye contact?

Have you begun the process of chelation? If yes, date started \_\_\_\_\_

If so, how is it going? Please describe how your child is while receiving chelation and the week afterward.

Medication: \_\_\_\_\_                      Dose: \_\_\_\_\_

Please list all medications and supplements and their doses:

Any other specific questions you have for this visit?