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As seen listed in the practitioner directory of
Jenny McCarthy's Mother Warriors
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Here is an example of an intake form that can be used with children on the Autism Spectrum Disorder:

ASD INTAKE FORM

Name _____
Child's date of birth ____/____/____ Age ____
Diagnosis _____ Age @ diagnosis ____
Previous biomedical care _____

Main concern about child _____

FAMILY History

Parent's occupation

Mother _____

Father _____

Parent's significant medical history

Mother _____

Father _____

Sibling's significant medical history _____

Siblings or close relatives with neuro-developmental issues _____

PRENATAL HISTORY

Maternal age _____

YES OR NO answers

Mother had problems during pregnancy.

Mother had illness/es during pregnancy.

Mother received vaccinations during pregnancy.

Mother had amalgam (silver colored) fillings during pregnancy.
Mother had possible known or suspected environmental toxin exposures during pregnancy.
Mother had known or suspected environmental toxin exposures during her youth.
Mother's blood type is Rh X.
Mother had X Rhogam shots.
Mother had had illness/es during pregnancy.
Baby was delivered at 36 weeks.
Vaginal delivery.
There were problems during delivery.
Baby spent regular days in the hospital.
Baby had problems during hospital stay.

DEVELOPMENT

Symptoms first noticed at _____ months / years.
Child development was normal until _____ months / years.
List any regressions:

List any 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 Health

Child was breastfed for _____ months / years.

Child was formula fed for _____ 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

Child is potty trained. YES NO Child is picky eater. YES NO

Food cravings

Food sensitivities / allergies

Has child tried any special diets? YES NO If yes, please elaborate.

SLEEP

Child's sleep habits

Previous

Current

Child has funny odors or sweating during sleep. YES NO

DENTAL

Child has amalgams (silver colored fillings). YES NO

Child grinds teeth. YES NO

Child is sometimes "foggy" or "spaced out". Child has tantrums. YES NO

Child does exhibit obsessive behaviors. YES NO

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

Child has problems with tooth enamel.

BEHAVIOR

Child's level of attention Child is hyperactive.

Child is rarely silly or giddy. Child is aggressive.

Child has no history of strep infections.

Child does self stimulating (stimming) behaviors. YES NO

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

SOCIAL

Child has little social interaction problems with adults / peers. YES NO

NEURO / SENSORY

Yes or No Answers:

Child has seizures

Child has a history of tics

Child has had an EEG

Child has had neuro-imaging (MRI-normal)

SENSORY ISSUES

Oral

Touch

Sound

Smell

Child has no history of pain insensitivity

Child has had auditory integration training

INFECTIOUS DISEASE

Child has frequent or unusual infections

Child has had _____ courses of antibiotics

Last course of antibiotics _____

Child has used antiviral medications

Child has had anti-fungal medications

IMMUNIZATIONS

YES/NO

Child received the routine immunization schedule

Child showed reactions to shots

Reactions

Child has had flu shots

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

ENDOCRINE & ALLERGIES

There is no family history of precocious puberty

Child has food or drug allergies

Allergies:

Child has history of asthma or wheezing

Child does get dark circles under their eyes

Child has been on steroids in the past

DERMATOLOGY

Child does not have any history of rashes or eczema

Child does get rashes with certain foods

If yes, what foods?

Child does get redness around the anus, diaper rashes

Interventions that have helped child

Interventions that have made no difference

Interventions that made child worse

Daily Food Intake:

Breakfast

Lunch

Dinner

Snacks

Beverages:

Supplements taken (past and current)

Medications (past & current)

Biomedical and/or Functional Medicine Testing:

Half of All Children Will Be Autistic by 2025, Warns Senior Research Scientist at MIT:

<http://www.anh-usa.org/half-of-all-children-will-be-autistic-by-2025-warns-senior-research-scientist-at-mit/>

If you are a practitioner and interested in becoming an autism expert then sign up for our Expert Training:

<http://biomedicalnutritionalintervention.com/training/>

Call 203-542-7390

email nancy@nancyguberti.com to get enrolled today!