

Please complete questions 1 to 103 to the best of your ability. Use Column D as a source to see examples of answers. Make sure you enter your answer in column E. Beginning with question No. 104 and beyond, leave blank.

1	Patient Name	Joe Smith	
2	Date of Visit	1-Apr-03	
3	Time of Visit	10:00 AM	
4	Visit Number (First visit, second, etc.)	3rd	
5	Parents Name	Jane Smith	
6	Weight	47 lbs	
7	Pulse	105	
8	BP	100/55	
9	RR	18	
10	Age in years	4 and a half	
11	Exact Years of age of child (just no. of years)	4	
12	Exact No. of Months for age (2.5 yrs = 30 m)	55	
13	Race	Caucasian	
14	Sex	male	
15	Biological or Adopted	adopted	
16	Phone or in person visit	phone visit	
17	Patient is / is not present	not present	
18	Calling on the phone / Present in person	phone	
19	Calling from / coming from	Omaha, NE	
20	Year child was diagnosed	1999	
21	Formal Diagnosis No. 1	Autism	
22	Formal Diagnosis No. 2	PDD	
23	Diagnosis was made by what type of provider	psychologist	
24	Primary diagnosis IS / IS NOT concern	is	
25	Secondary diagnosis IS / IS NOT concern	is	
26	Referred to our clinic by	Senator Watson	
27	Gravida (No. times mom has been pregnant)	3	
28	Para (No. times mom has had live births)	2	
29	Miscarriage History	1	
30	Did mom have dental work during gestation	Yes	
31	Did mom have dental work before gestation	Yes	
32	Did mom have vaccinations before gestation	Yes	
33	Did mom have vaccinations during gestation	No	
34	Did mom get Rhogam while pregnant with pt.	No	
35	Did mom have high seafood diet	Yes	

36	Did mom have industrial exposure to mercury	No	
37	How many amalgam fillings at delivery	6	
38	Complications during gestation	diabetes	
39	Delivery Vaginal or C-section	C-section	
40	Complication at delivery (suction, forceps, etc)	forceps	
41	Complications after deliver (meconium)	None	
42	Apgar scores were	9 and 9	
43	Did pt. require neonatal ICU	No	
44	Dischared from hospital after (# of days)	2 days	
45	Born before, at or after due date	3 days before	
46	No. of vaccines from birth to symptoms	14	
47	Intial development was normal or abnormal	normal	
48	Milestones hit until what age (in months)	14 months	
49	Who noticed symptoms first (mom, grand pa)	baby sitter	
50	How old when sympt. first noted (in months)	12 months	
51	No. of antibiotics from birth till diagnosis	3 courses	
52	No. of words prior to onset of symptoms	15	
53	Initially evaluated by whom (type of dr)	pediatrician	
54	Initially evaluated at what age (months)	15 months	
55	Agreed, disagreed, or reassured?	reassured	
56	Referred/NOT referred for more evaluation?	referred	
57	If referred, to whom? (type of dr.)	neurologist	
58	First treatment intiated by what type of dr?	pediatrician	
59	Initial treatment consisted of what?	ritalin	
60	Has child had any of the following:		
61	Speech therapy	Y	
62	Occupational Therapy	Y	
63	Sensory integration therapy	Y	
64	ABA therapy	Y	
65	Nutritional interventions	Y	
66	Secretin	Y	
67	DMSA	Y	
68	Alpha Lipoic Acid	Y	
69	Glutathione IV	N	
70	Glutathione TD	N	
71	Hyperbaric Oxygen	Y	
72	Caesin free, gluten free diet	Y	
73	Specific carbohydrate diet	Y	
74	Rotating food allergy diet	Y	

75	IV immunoglobulins	N	
76	Stem cell treatments	N	
77	DMPS IV	N	
78	DMPS oral	N	
79	EDTA IV	N	
80	Other attempts to reduce metal toxicity	Y	
81	Anti fungal prescriptions	Y	
82	TTFD	Y	
83	Di Methyl Glycine	Y	
84	Methyl B12 injections	Y	
85	Cranio-sacral treatments	Y	
86	Pt is the only, 2nd, 3rd, 4th, 5th child	3rd	
87	Current vocabulary is ~ how many words?	~ 50 words	
88	How many words are used spontaneously?	~ 10 words	
89	Expressive language is E/U/L/10/5/M/N	limited	
90	Receptive language is E/G/U/LN/M/5/N	excellent	
91	Towards others - Affect/Tolerant/Indiff/Cooper	indifferent	
92	Considered Affect/Amiable/Frustrated/Violent	frustrated	
93	No. of average bowel movements daily	every other day	
94	Stool is loose/diarrhea/consipate/altern/norm	alternating	
95	Is pt potty trained? Y/N/partially	partially	
96	Medications? If yes, type and dose, No. 1	Ritalin 5 mg daily	
97	Medications? If yes, type and dose, No. 2	Prozac, ? Dose	
98	Supplements? N/Y/extensive	extensive	
99	Wish to start on full protocol/only consultation	Full protocol	
100	Aware of DMPS? None/some/most/all	Yes	
101	Parents want eval + many q/start tx/more info	Start Tx	
102	Aware of extensive testing with us? Y/N	Y	
103	Paperwork and consent has been filled out?	Y	

Please feel free to add any other pertinent information you feel is necessary or may be beneficial for Dr. Buttar and his clinical staff to be aware of while providing for the medical needs of your child. Also, you should have filled out only 3 pages. Page 4 is for office use only and was not provided. Thank you.

Clinical Assessment and Measures - For Medical Staff and Office Use Only			
	Objective		
104	Pt is / is NOT present for examination		
105	Weight		
106	Poorly nourished/well nourished/ Dehydrated		
107	Above/at/below standard growth chart		
108	Head normocephalic/microcephalic/macrocep		
109	Traumatic / Atraumatic		
110	Eye contact Non-existent/P/Fair/G/Excellent		
111	Does / does NOT respond when called to		
112	Behavior is/is NOT/appears to be/NOT to be		
113	Child is withd/indiff/happy/hyper/OOC/agg/viol		
	Impression		
114	Autism		
115	PDD		
116	Autism like spectrum		
117	Encephalopathy		
118	Sensory Integration Disorder		
119	Hypotony		
120	Standards (Heavy Met, Impaired Detox, GI D)		
	Plan		
121	Standard (CBC, CHEM 21, Thyroid profile, Fe, Lipids)		
122	Urine Heavy Metal		
123	RBC Heavy Metal		
124	Hair Heavy Metal		
125	Stool Heavy Metal		
126	OATs		
127	CDSA		
128	Cardiogenomics		
129	TD-DMPS challenge dose		
130	TD-DMPS treatment dose		
131	Next cycle of testing will be week of...		
132	GI support dose should be...		
133	Liquid DHA (cod liver oil) dose should be...		
134	Chewable vitamin dose		
135	MultiMineral Complex		
136	Minerals		
137	Minerals		
138	Minerals		
139	Follow up in how many weeks		
140	Documentation via Video every month		