

Medicatrix

Where Healthcare Is Individualized

Pediatric Health Questionnaire Addendum

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IMMUNIZATION

Did you have any of the following reactions?

Please give approximate date if you don't have specific. "Bowel" means any bowel symptom such as diarrhea, "Swelling" means swelling at the site of injection.

	Date	Bowel	Swelling	Crying	Seizure	Irritable	Fever	Other
DIPHTHERIA-PERTUSSIS-TETANUS								
DPT 1								
DPT 2								
DPT 3								
DPT 4								
DPT 5								
Adult Diphtheria-Tetanus								
Pediatric Diphtheria- Tetanus								
H INFLUENZA TYPE B								
Hib 1								
Hib 2								
Hib 3								
Hib 4								
ORAL POLIO VACCINE								
OPV 1								
OPV 2								
OPV 3								
OPV 4								
OPV 5								
Polio Vaccine Injection								
Polio Vaccine Injection 1								
Polio Vaccine Injection 2								
Polio Vaccine Injection 3								
Polio Vaccine Injection 4								
Polio Vaccine Injection 5								
MEASLES-MUMPS-RUBELLA								
MMR 1 xxx								
MMR 2								
HEPATITIS-B VACCINE								
HBV 1								
HBV 2								
HBV 3								
HBV 4								
MISCELLANEOUS								
Varivax (Chicken Pox)								
Tine Test								
Other:								

MEDICATION OR SUPPLEMENT

Please check all that apply.

SUBSTANCES AFFECTING	Taking Now	Very Good	Good	No Response	Bad	Very Bad	Don't Know	Negative, Then Good	Comments
CENTRAL NERVOUS SYSTEM									
Clozaril (clozapine)									
Haldol									
Prolixin									
Risperdal									
Seroquel									
Stelazine									
Thorazine									
Zyprexa									
Antihistamine									
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									
Neurontin									
Paxil									
Phenobarbital									
Tegretol									
Topamax									
Trileptal									
Valium									
Zarontin									
Zonegran									
Adderall									
Prozac									
Zoloft									
Amphetamine									

MEDICATION OR SUPPLEMENT (CONTINUED)

Please check all that apply.

SUBSTANCES AFFECTING	Taking Now	Very Good	Good	No Response	Bad	Very Bad	Don't Know	Negative, Then Good	Comments
Cylert									
Dexedrine, Dextroamphetamine									
Fenfluramine									
Focalin									
Ritalin									
Buspar									
Chloral hydrate									
Valium									
Desipramine									
Mellaril									
Tofranil									
ANTIBIOTICS									
Bactrim (Septra)									
Biochoice									
Bismuth									
Colostrum									
Diffucan									
DIGESTIVE FLORA									
Humatin									
Lamisil									<input type="checkbox"/> Had die off?
Nizoral									<input type="checkbox"/> Had die off?
Nystatin									<input type="checkbox"/> Had die off?
Probiotics (acidophilus, etc)									<input type="checkbox"/> Had die off?
Saccharomyces boulardii									<input type="checkbox"/> Had die off?
Sporonax									<input type="checkbox"/> Had die off?
Transfer factor (oral)									<input type="checkbox"/> Had die off?
Yodoxin									
Bethanecol									
DIGESTION									
Digestive enzymes									
Pepsid									
Peptidase Enzymes									
Probiotics									
DETOXIFICATION									
DMPS									
DMSA (succimer, Chemet)									
Reduced glutathione (transderm)									
Reduced glutathione IV									
Reduced glutathione oral									
B6 & Magnesium									
Brain child supplements									
Folic Acid									
Melatonin									
Multivitamin high potency									
Multivitamin regular potency									

MEDICATION OR SUPPLEMENT (CONTINUED)

Please check all that apply.

SUBSTANCES AFFECTING	Taking Now	Very Good	Good	No Response	Bad	Very Bad	Don't Know	Negative, Then Good	Comments
NUTRITION AND METABOLISM									
Super Nu Thera									
Ultra Clear Sustain									
Vitamin B3 (Niacin)									
Vitamin B6									
5 HPT									
Alpha Keto Glutarate									
Amino Acid Mix									
Deanol									
Dimethylglycine (DMG)									
DMG									
Glutamine									
SAMe (SAM, Samyr)									
TMG									
Tryptophan									
Tyrosine									
Calcium									
Magnesium									
Manganese									
Selenium									
Zinc									
Human Growth Factor									
IV Immune Globulin									
Kutapressin									
Oral Immune globulin									
Secretin IV									
Secretin transdermal									
Steroids									
TTFD									
DHA rich oils									
EPA rich oils									
Omega 6 rich oils									
Omega brite									
Cod liver oil									
Flax Oil									
Alka Gold									
Carbatrol									
Tranxene									
Famvir									
Valtrex									
Zovirax									
Actos									

SYMPTOM SCORE SHEET

For monitoring progress: Record the main problems in the Symptom column. Enter the date and rank according to ratings below. Put a “P” for problems that were present only in the past. Put an “L” to mark lab tests of importance. I will paste these symptoms, and a distillation of the x’d in the laboratory data questionnaire on next page, into the record we will use to track progress.

Rank = (0= Absent, 3= mild, 6= Moderate, 9=severe, 12= incapacitating.)

[illegible]

LABORATORY DATA

EVALUATION/TEST	Date	Done?	Abnormal?	Not sure?
24 hour urine amino acids				
Amino acid screen				
Blood chemistry screen				
Blood count				
Blood test for fatty acids				
Blood test for food allergies				
CAT scan				
Colonoscopy				
DMSA loading study				
EEG				
Folic acid				
Fragile X chromosome study				
Hair elements				
Immune profile				
Intestinal permeability				
Liver Detoxification profile				
MRI				
Organic acids quantitative – fungal/bacterial metabolites				
Organic acids quantitative – metabolism				
Organic acids screen				
PET scan				
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 test (blood or urine)				
Urinary Peptides				
Urine elements				
Urine Kryptopyrrole				

PAST AND PRESENT PROFESSIONALS

Primary Care:

Primary Care:

Specialist:

Specialist:

Therapist:

Other:

Homeopathic:

Chiropractor:

Who made the initial diagnosis of autism/other disorder? _____

When? _____