

DuPage Neurology & Wellness Center Pediatric Health Assessment Form

Welcome to DuPage Neurology & Wellness Center, please complete this form in order for us to provide your child with the best possible care.

Personal Information

Child's Name: _____
Mother's Name: _____
Father's Name: _____
Address: _____
Home phone: _____

Mother work: _____ Cell phone: _____
Father work: _____ Cell phone: _____
Birth date: _____ Age: _____ Sex: M / F
Number siblings: _____ Referred by: _____
Current weight: _____ Current height: _____

Pregnancy/Birth

Third trimester presentation:

- Head down
 Breech
 Transverse
 Other: _____

Type of Birth

- Vaginal
 Forceps
 Cesarean
 Suction or Vacuum

Location:

- Home
 Birthing Center
 Hospital

Duration of gestation: _____ weeks

Exposures to ultrasound? Yes / No

If yes, how many? _____

Any illnesses of the mother during pregnancy:

Supplements/drugs taken by the mother during pregnancy:

Medications given to mother during birth:

Problems during pregnancy:

Problems during labor/delivery:

Apgar scores at birth: _____

Birth weight: _____ Birth Length: _____

At birth was there a significant presence of:

- Jaundice (yellow)
 Cyanosis (blue)
 Congenital anomalies/defects If yes, please explain:

Breastfed If yes, how long? _____

Formula introduced at age _____

Type of formula _____

Introduction of Cow's milk at age _____

Solid food at age _____

Type of food introduced _____

Does your child have any allergies (food, prescription drug, seasonal, etc)? Yes / No

Name/address of Pediatrician/PCP: _____

Date of last visit: _____

Purpose: _____

Is your child seeing a doctor now for any reason? Yes / No If so, indicate why: _____

Please indicate any hospitalizations/surgeries undergone:

Has child ever been treated on an emergency basis? Yes / No

If yes, please explain: _____

Vaccination History: _____ Any Reactions to vaccinations? _____

Number of doses of antibiotics taken:

During the past six months _____

During his/her lifetime _____

Please list any medications your child is taking, including over-the-counter indicating the reason for taking and length of time on each:

Please list any natural supplements your child currently takes and for what conditions:

Purpose of this appointment:

Please list your top 5 health concerns for your child:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Developmental

At what age did your child:

- Respond to sound _____
- Follow an object with his/her eyes _____
- Hold Head Up _____
- Sit Alone _____
- Crawl _____
- Stand _____
- Walk alone _____

How did your child crawl?

- Normally (cross-crawl pattern)
- Scooted on bottom
- Bear crawl (hands/feet only with bottom in air)
- Did not crawl

Trauma

Has this child ever suffered from any of the following traumas?

- Fall from bed or couch
- Fall off skateboard/skates
- Fall off bicycle
- Fall off swing
- Fall from crib
- Fall from highchair
- Fall down stairs
- Fall off monkey bars
- Fall from changing table
- Other _____

Has this child ever sustained an injury playing organized sports? Yes / No

If yes, please explain, _____

Has this child ever sustained injuries in an auto accident? Yes / No

If yes, please explain, _____

Diet

- Caffeinated beverages/sodas consumed per day: _____
- Fruit juices consumed per day: _____
- Water consumed per day: _____
- Times eat out per week: _____

- Times per week eat raw nuts or seeds: _____
- Times per week eat fish: _____
- Times per week your child exercises/duration: _____
- Hours of TV watched per day: _____

3 worst foods your child eats during the average week:

3 healthiest foods your child eats during the average week:

Have you ever used GABA to help them fall asleep? Yes / No
If yes, did it work? Yes / No

Is your child on a low-fat diet? Yes / No
What is your child's favorite food? _____

Review of Systems

Check all that apply

Neurological

- Headaches
- Dizziness
- Fainting
- Seizures/convulsions

- Head injuries
- Loss of consciousness

Eyes/Vision

- Wear glasses/contacts
- Recent change in vision
- Cataracts
- Eye pain

- Glaucoma
- Macular Degeneration

Respiration

- Cough
- Shortness of breath
- Wheezing
- Asthma

- Excessive mucus production

Cardiovascular

- Chest pain/discomfort
- Leg pain/ache
- Heaviness in legs
- Pain in shoulder/jaw
- Palpitations
- Rapid pulse
- High blood pressure
- Low blood pressure
- Varicose veins
- Swelling in feet/ankles

- Difficulty breathing when lying down
- Wake at night with shortness of breath

Skin

- Unusual pattern of hair growth
- Changes in skin color
- Changes in wart/mole

- Hives
- Sore that won't heal
- Itching

- Rash
- Eczema
- Skin lesions/ulcers

Hematologic

- History of anemia
- Unusual bleeding/discharge

- Problems with blood clotting
- History of blood transfusion

- Bruise easily
- Swelling of lymph nodes

Medical History

Please indicate if your child has, or has ever had, any of the following:

- Arthritis
- Bronchitis
- Cancer
- Diabetes (circle: I or II)
- Emphysema
- Epilepsy

- Gallstones
- Heart disease
- Heart murmur
- Kidney disease/stones
- Learning disability
- Mental illness

- Multiple Sclerosis
- Osteopenia/-porosis
- Pneumonia
- Skin cancer
- Stroke
- Thrombophlebitis

Note if anyone in the family had any of the above conditions (* item if it was cause of death)

Reflex Retention Assessment

Please indicate all that apply:

Section R-1 (Moro Reflex)

- Over-reactive in general
- Hypersensitivity to light, sound
- Stimulus bound (cannot ignore irrelevant visual material or filter out background noise)
- Difficulty with ball games
- Vestibular problems (motion sickness, poor balance/coordination)
- Physical timidity
- Easily tires under fluorescent lighting
- Difficulty reading black print on white paper
- Allergies/immune problems (asthma, eczema, history of frequent ear, nose, throat infections)
- Adverse reactions to drugs
- Poor stamina
- Dislike of change or surprise (poor adaptability)
- Poorly developed CO₂ reflex (occasional gasping for air)
- Reactive hypoglycemia (subclinical)
- Free floating anxiety
- Excessive reaction to stimuli (mood swings, tense muscle tone, difficulty accepting criticism)
- Cycle of hyperactivity followed by excessive fatigue
- Difficulty making decisions
- Weak ego, low self esteem

Section R-2 (Palmar Reflex)

- Poor manual dexterity (trouble with independent thumb and finger movements)
- Immature pencil grip (lack of pincer grip)
- Speech and hand movements connected
- Palm of hand hypersensitive to touch
- Makes movements with mouth when trying to write or draw

Section R-3 (ATNR)

- Poor handwriting (slope of lettering may change from one side of the page to the other)
- Difficulty with expression of ideas in written form (compared to orally)
- Reading difficulties/eye tracking problems
- Difficulty crossing midline with hands, feet, or eyes
- Ambidextrous
- Immature pencil grip (lack of pincer grip)
- Rotates page up to 90 degrees when writing

Section R-4 (Rooting Reflex)

- Poor articulation
- Prolonged thumb sucking
- Messy eater, dribbling
- Oversensitive to touch on the face
- Swallowing movements to near front of mouth
- High palate and narrow jaw
- Poor manual dexterity

Section R-5 (Spinal Galant Reflex)

- Inability to sit still or remain silent
- Poor concentration
- Continued bed wetting above the age of 5
- Dislike of clothing that is tight around the waist
- Scoliosis
- Hip rotation to one side when walking

Section R-6a (TLR forwards)

- Poor posture (tendency to stoop forward)
- Floppy muscle tone
- Oculo-motor dysfunction (tracking, convergence, reestablishment of binocular vision)
- Dislike sporting activities, physical education, running, etc
- Auditory problems
- Organizational problems
- Poor sense of time
- Poor sequencing skills
- Poor sense of balance
- Tendency to have motion sickness

Section R-6b (TLR backwards)

- Poor posture (tendency to walk on toes)
- Poor balance and coordination
- Stiff muscle tone, jerky movements
- Tendency to have motion sickness
- Visual-perceptual or spatial perception problems
- Poor sequencing or organizing skills

Section R-7 (STNR)

- Lies on desk when writing
- Poor hand-eye coordination
- Problems with focusing from far to near distance (such as changing focus from blackboard to desk)

- Clumsy
- Stooped posture
- Trouble with ball games
- Messy eater (hand has a hard time finding mouth)
- Sits in "W" position on the floor
- Slowness at copying tasks
- Difficulty learning to swim or his/her movements are unsynchronized (may swim better under water)
- Simian (ape-like) walk

Section P-1 (Headrighting Reflex)

- Oculo-motor dysfunctions
- Visual-perceptual difficulties
- Poor spatial awareness
- Frequent motion sickness

Section P-2 (Landau Reflex)

- Imbalance between extensor and flexor muscles
- Runs with stiff, awkward movement in lower half of body
- Hopping, skipping, or jumping difficult

Section P-3 (Amphibian/Segmental Rolling Reflex)

- As an infant did not crawl with a cross movement pattern
- Excessive muscle tone (stiff)

Hemispheric Dominance Profile

Please check as appropriate for your child, based upon comparison with a typically developing child of the same age. If child is on medication, base responses on an un-medicated state.

Motor

Left Delay

Right Delay

- Fine motor problems (poor or slow handwriting)
- Difficulty with fine motor skills such as buttoning a shirt
- Poor or immature hand grip when writing
- Tends to write very large for age or grade level
- Stumbles over words when fatigued
- Exhibited delay in crawling, standing, and/or walking
- Loves sports and is good at them
- Good muscle tone
- Poor drawing skills
- Difficulty learning to play music
- Likes to fix things with the hands and is interested in anything mechanical
- Difficulty planning and coordinating body movements

- Clumsiness and an odd posture
- Poor coordination
- Not athletically inclined and has no interest in popular childhood participation sports
- Low muscle tone (muscles seem floppy)
- Poor gross motor skills, such as difficulty learning to ride a bike and/or runs and/or walks oddly
- Repetitive/stereotyped motor mannerisms (spins in circles, flaps arms)
- Fidgets excessively
- Poor eye contact
- Walks or walked on toes when younger

Total

Total

Sensory

- Has good spatial awareness
- Seems not to hear well, although hearing tests normal
- Has good sense of balance
- Eats just about anything
- Has a normal to above-average sense of taste and smell
- Likes to be hugged and held
- Does not have any oddities concerning clothing
- Has auditory processing problems
- Doesn't seem to have many sensory issues or problems, such as a sensitivity to sound
- Delay in speaking was attributed to ear infections
- Gets motion sick and has other motion sickness issues

- Poor spatial orientation, bumps into things often
- Sensitivity to sound
- Confusion when asked to point to different body parts
- Poor sense of balance
- High threshold for pain (doesn't cry when gets a cut)
- Likes to spin, go on rides, swing, etc (anything with motion)
- Touches things compulsively
- (Girls only) Uninterested in makeup or jewelry
- Does not like being touched and does not like to touch things
- Incessantly smells everything
- Prefers bland foods

- Is not overly sensitive or insensitive to pain (normal reaction)

Total

Emotional

- Overly happy and affectionate; loves to hug and kiss
- Frequently moody and irritable
- Loves doing new or different things but gets bored easily
- Lacks motivation
- Withdrawn and shy
- Excessively cautious, pessimistic, or negative
- Does not seem to get any pleasure out of life
- Socially withdrawn
- Cries easily; feelings get hurt easily
- Seems to be in touch with own feelings
- Empathetic to other people's feelings; reads people's emotions well
- Gets embarrassed easily
- Very sensitive to what others think about him or her

Total

Behavioral

- Procrastinates
- Is extremely shy, especially around strangers
- Is very good at nonverbal communication
- Is well-liked by other children and teachers
- Does not have any behavioral problems in school
- Understands social rules
- Has poor self-esteem
- Hates doing homework
- Is very good at social interaction
- Makes good eye contact
- Likes to be around people and enjoys social activities, such as going to parties
- Doesn't like to go to sleepovers
- Is not good at following routines
- Can't follow multiple-step directions
- Is in touch with own feelings
- Jumps to conclusions

Total

Academic

- Very good at big picture skills
- Is an intuitive thinker and is led by feelings
- Good at abstract "free" association
- Poor analytical skills
- Very visual; loves images and patterns
- Constantly questions why you are doing something or why rules exist

- Does not notice strong smells, such as burning wood, popcorn, or cookies baking in oven
- Avoids certain foods because of the way they look
- Hates having to eat and is not even interested in sweets
- Extremely picky eater

Total

- Spontaneously cries and/or laughs and has sudden outbursts of anger or fear
- Worries a lot and has several phobias
- Holds on to past "hurts"
- Has sudden emotional outbursts that appear over-reactive and inappropriate to the situation
- Experiences panic and/or anxiety attacks
- Sometimes displays dark or violent thoughts
- Face lacks expression; doesn't exhibit much body language
- Too uptight; cannot seem to loosen up
- Lacks empathy and feelings for others
- Lacks emotional reciprocity
- Often seems fearless and is a risk taker

Total

- Logical thinker
- Often misses the gist of a story
- Always the last to get a joke
- Gets stuck in set behavior; can't let it go
- Lacks social tact and/or is antisocial and/or socially isolated
- Poor time management; is always late
- Disorganized
- Has a problem paying attention
- Is hyperactive and/or impulsive
- Has obsessive thoughts or behaviors
- Argues all the time and is generally uncooperative
- Exhibits signs of an eating disorder
- Failed to thrive as an infant
- Mimics sounds or words repeated without really understanding the meaning
- Appears bored, aloof, and abrupt
- Considered strange by other children
- Inability to form friendships
- Has difficulty sharing enjoyment, interests, or achievements with other people
- Inappropriately giddy or silly
- Acts inappropriately in social situations
- Talks incessantly and asks the same question repetitively
- Did not point to an objects to get your attention
- Did not look at self in mirror as a toddler

Total

- Poor math reasoning (word problems, geometry, algebra)
- Poor reading comprehension and pragmatic skills
- Misses the big picture
- Very analytical (processes ideas sequentially, step by step)
- Likes "slapstick" or obvious physical humor
- Is very good at finding mistakes, such as spelling errors

- Has poor sense of time
- Enjoys touching and feeling actual objects
- Has trouble prioritizing
- Is unlikely to read instructions before trying something new

- Is naturally creative, but needs to apply self to develop full potential
- Would rather do things instead of observe
- Uses good voice inflection when speaking
- Misreads or omits common small words

- Has difficulty saying long words
- Reads very slowly and laboriously
- Had difficulty naming colors, objects, and letters as a toddler
- Needs to hear or see concepts many times in order to learn them
- Has shown a downward trend in achievement test scores or school performance
- Schoolwork is inconsistent
- Was a late talker
- Has difficulty pronouncing words (poor with phonics)
- Had difficulty learning the alphabet, nursery rhymes, or songs when young
- Has difficulty finishing homework or finishing a conversation
- Acts before thinking and makes careless mistakes
- Daydreams a lot
- Has difficulty sequencing events in the proper order

- Often writes letters backward
- Is poor at basic math skills
- Has poor memorization skills

- Has poor academic ability
- Has an IQ lower than expected and verbal scores are lower than nonverbal skills
- Performs poorly on verbal tests
- Needs to be told to do something several times before acting on it
- Stutters or stuttered when younger
- Is a poor speller
- Has a poor memory for facts and figures
- Poor test performer (doesn't read directions well and misinterprets questions)
- Does not read directions well

Total

Immunity

- Gets chronic ear infections
- Prone to benign tumors or cysts
- Has taken antibiotics more than 10-15 times before 10 YOA
- Has had tubes put in the ears
- Catches colds frequently
- No allergies

Total

- Takes everything literally
- Doesn't always reach a conclusion when speaking
- Started speaking early
- Has tested for a high IQ, but scores run the whole spectrum; or IQ is above normal in verbal ability and below average in performance abilities
- Was an early word reader

- Is interested in unusual topics
- Learns in a rote (memorizing) manner
- Learns extraordinary amounts of specific facts about a subject
- Is excessively impatient
- Speaks in a monotone; has little voice inflection
- Is a poor nonverbal communicator (can't read facial expressions or body posture)
- Doesn't like loud noises (like fireworks)

- Speaks out loud regarding what he or she is thinking

- Talks "in your face" (is a space invader)
- Good reader, but does not enjoy reading
- Analytical; led by logic
- Follows rules without questioning them

- Good at keeping track of time

- Easily memorizes spelling and mathematical formulas
- Enjoys observing rather than participating
- Would rather read an instruction manual before trying something new
- Math was the first academic subject that became a problem
- Has a fascination with letters and numbers
- Knows extraordinary amounts of specific facts about a subject, such as train schedules, TV schedules, baseball stats, world capitals, etc.
- Poor sound levels in speech (speaks too loud or soft)
- Academic difficulties were picked up late because decoding and spelling were very strong
- Likes to make lists and plan

Total

- Has a lot of allergies
- Rarely gets colds and infections
- Has had or has eczema or asthma
- Skin has little white bumps, especially on the back of arms
- Displays erratic behavior (good one day, bad the next)
- Craves certain foods, especially dairy and wheat products

Total

Autonomics

- Had a bedwetting problem
- Has or had an irregular heartbeat, such as an arrhythmia or heart murmur

- Problems with bowels, such as constipation and diarrhea
- Has a rapid heart rate and/or high blood pressure for age
- Appears bloated, especially after meals, and often complains of stomach pains
- Has body odor
- Sweats a lot
- Hands are always moist and clammy

_____ **Total**

_____ **Grand Total L**

_____ **Grand Total R**

_____ **Grand Overall Total**

_____ **Total**

Sensory Evaluation

Please rate your child on the following:

<p>Vestibular Function</p> <p>Exhibits poor balance Had delayed crawling, standing, and/or walking Poor muscle tone (extremely flexible) Experiences motion sickness Dislikes heights, swings, carousels, escalators, elevators Easily disoriented and/or a poor sense of direction Clumsy Difficulty remaining still; may actively seek movement such as spinning and/or rocking Difficulties with space perception Walks or walked on toes</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>	<p>Proprioceptive Function</p> <p>Poor posture Constant fidgeting or moving Excessive desire to be held Provokes fights Hooks feet around legs of desk for support Problems identifying body parts in space Bumps into things often Poor balance Rocks body or bangs head Does not like heights</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>
Total Score		Total Score	
<p>Auditory Function</p> <p>Concern about hearing as infant Inability to sing in tune Hypersensitive to sounds Misinterprets questions Confuses similar-sounding words; frequently needs to have words repeated Inability to follow sequential instructions Flat and monotonous voice Hesitant speech Small vocabulary Confusion or reversal of letters</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>	<p>Hypotactile Symptoms</p> <p>Under-sensitive to most things Doesn't notice or respond when cut High threshold for pain Doesn't sense the feeling of cold or hot Craves contact sports Doesn't notice when sits down on an object Provokes roughhousing or fighting Is not ticklish Compulsively touches Acts like a bull in a china shop</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>
Total Score		Total Score	
<p>Visual Function</p> <p>Misreads words Misses or repeats words or lines Reads slowly Needs to use finger or marker as a pointer Inability to remember what was read Poor concentration Poor focus while reading (letters move or jump around on the page) Crooked or sloped handwriting Letters appear out of balance with one eye covered or while trying to read sideways Sensitivity to light</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>	<p>Hypertactile Symptoms</p> <p>Seems hypersensitive all the time Dislikes playing sports Dislikes being touched Hates tags on clothes Has allergic skin reactions Hates makeup and/or jewelry Has poor body temperature control Does not like clothing on arms or legs Has a low external pain threshold Doesn't like touching</p>	<p>Never Always</p> <p>0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3</p>
Total Score		Total Score	

Hypersensitive Smell/Taste	Never	Always
Exhibits increased sensitivity to taste and smell	0 1 2 3	
Gags at the smell of certain foods	0 1 2 3	
Avoids going to bathroom at risk of wetting pants because the smell is repugnant	0 1 2 3	
Prefers bland foods	0 1 2 3	
Avoids children with dirty or smelly clothes	0 1 2 3	
Complains about other's bad breath	0 1 2 3	
Misbehaves after house is cleaned with solvents	0 1 2 3	
Is sensitive to smoke	0 1 2 3	
Avoids foods and places with strong cooking smells	0 1 2 3	
Sniffs everything	0 1 2 3	
Total Score	<hr/>	

Hyposensitive Smell/Taste	Never	Always
Never comments on strong smells	0 1 2 3	
Never notices baking smells, such as cookies	0 1 2 3	
Overfills mouth	0 1 2 3	
Avoids foods because of the way it looks	0 1 2 3	
Never sniffs	0 1 2 3	
Hates to eat, even sweets	0 1 2 3	
Chews on objects like pens	0 1 2 3	
Does not notice strong smells like something burning	0 1 2 3	
Eats indiscriminately; will reach for anything, even toxic household products	0 1 2 3	
Is an extremely picky eater	0 1 2 3	
Total Score	<hr/>	

Metabolic Profile

Please rate the following questions

Section M-1 C	Never	Always
Feeling that bowels do not empty completely	0 1 2 3	
Lower abdominal pain relief by passing stool/gas	0 1 2 3	
Alternating constipation and diarrhea	0 1 2 3	
Diarrhea	0 1 2 3	
Constipation	0 1 2 3	
Hard, dry, or small stool	0 1 2 3	
Coated tongue/fuzzy debris on tongue	0 1 2 3	
Pass large amount of foul smelling gas	0 1 2 3	
More than 3 bowel movements daily	0 1 2 3	
Use laxatives frequently	0 1 2 3	
Black/tarry stools or blood in stool	0 1 2 3	

Section M-2 Hypo-A	Never	Always
Excessive belching, burping, or bloating	0 1 2 3	
Gas immediately following a meal	0 1 2 3	
Offensive breath	0 1 2 3	
Difficult bowel movements	0 1 2 3	
Sense of fullness during and after meals	0 1 2 3	
Difficulty digesting fruits and vegetables; or undigested foods found in stools	0 1 2 3	

Section M-3 Hyper-A	Never	Always
Stomach pain, burning, or aching 1-4 hours after eating	0 1 2 3	
Frequently use antacids	0 1 2 3	
Feeling hungry an hour or two after eating	0 1 2 3	
Heartburn when lying down or bending forward	0 1 2 3	
Antacids, food, milk, or carbonated beverages provide temporary relief of digestive issues	0 1 2 3	
Digestive problems subside with rest and relaxation	0 1 2 3	
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0 1 2 3	

Section M-4 SI	Never	Always
Roughage and fiber cause constipation	0 1 2 3	
Indigestion and fullness lasts 2-4 hours after eating	0 1 2 3	
Pain, tenderness, soreness(left side under rib cage)	0 1 2 3	
Excessive passage of gas	0 1 2 3	
Nausea and/or vomiting	0 1 2 3	
Stool undigested, foul-smelling, mucous-like, greasy, or poorly formed	0 1 2 3	
Frequent urination	0 1 2 3	
Increased thirst and appetite	0 1 2 3	
Difficulty losing weight	0 1 2 3	

Section M-5 GB	Never	Always
Greasy or high fat foods cause distress	0 1 2 3	
Lower bowel gas and or bloating several hours after eating	0 1 2 3	
Bitter, metallic taste in mouth, especially in the morning	0 1 2 3	
Unexplained itchy skin	0 1 2 3	
Yellowish cast to eyes	0 1 2 3	
Stool color alternates (clay colored/normal brown)	0 1 2 3	
Reddened skin, especially palms	0 1 2 3	
Dry or flaky skin and/or hair	0 1 2 3	
History of gallbladder attacks or stones	0 1 2 3	
Has gallbladder been removed?	Yes	No

Section M-6 HG	Never	Always
Find it difficult to eat large meals in morning	0 1 2 3	
Crave sweets during the day, especially afternoon	0 1 2 3	
Energy levels drop in the afternoon	0 1 2 3	
Irritable if meals are missed	0 1 2 3	
Depends on coffee (caffeine) to keep him/her going	0 1 2 3	
Get lightheaded if meals are missed	0 1 2 3	
Difficulty concentrating before eating	0 1 2 3	
Eating relieves fatigue/energizes	0 1 2 3	
Feel shaky, jittery, tremors	0 1 2 3	
Agitated, easily upset, nervous between meals	0 1 2 3	
Poor memory, forgetful	0 1 2 3	
Blurred vision	0 1 2 3	
Wake up in the middle of the night	0 1 2 3	

Section M-7 IR	Never	Always
Fatigue after meals	0 1 2 3	
Needs stimulants such as coffee after meals	0 1 2 3	
Crave sweets during the day	0 1 2 3	
Eating sweets does not relieve cravings for sugar	0 1 2 3	
Crave sweets after meals	0 1 2 3	
Waist girth is equal to or larger than hip girth	0 1 2 3	
Frequent urination	0 1 2 3	
Increased thirst and appetite	0 1 2 3	
Difficulty losing weight	0 1 2 3	
Weight gain when under stress	0 1 2 3	
Difficulty falling asleep	0 1 2 3	

Section M-8 Hypo-C

	Never	Always	
Cannot stay asleep	0	1 2 3	
Crave salt	0	1 2 3	
Slow starter in the morning	0	1 2 3	
Afternoon fatigue	0	1 2 3	
Dizziness when standing up quickly	0	1 2 3	
Afternoon headaches	0	1 2 3	
Headaches with exertion or stress	0	1 2 3	
Weak nails	0	1 2 3	
Hemorrhoids	0	1 2 3	

Section M-9 Hyper-C

	Never	Always	
Cannot fall asleep	0	1 2 3	
Excessive perspiration or perspiration with little or no activity	0	1 2 3	
Under high amounts of stress	0	1 2 3	
Weight gain when under stress	0	1 2 3	
Wake up tired even after 6 or more hours of sleep	0	1 2 3	

Section M-10 Hypo-T

	Never	Always	
Tired, sluggish	0	1 2 3	
Feels cold (hands, feet, all over)	0	1 2 3	

Require excessive amounts of sleep to function properly	0	1 2 3
Increase in weight gain, even with low calorie diet	0	1 2 3
Gain weight easily	0	1 2 3
Difficult, infrequent bowel movements	0	1 2 3
Depression, lack of motivation	0	1 2 3
Morning headaches that wear off as the day progresses	0	1 2 3
Outer third of eyebrow thins	0	1 2 3
Thinning of hair on scalp, face, or genitals, or excessive falling hair	0	1 2 3
Dryness of skin and/or scalp	0	1 2 3
Mental sluggishness	0	1 2 3

Section M-11 Hyper-T

	Never	Always	
Heart palpitations	0	1 2 3	
Inward trembling	0	1 2 3	
Increased pulse, even at rest	0	1 2 3	
Nervous and emotional	0	1 2 3	
Insomnia	0	1 2 3	
Night sweats	0	1 2 3	
Difficulty gaining weight	0	1 2 3	

Nutrition & Neurotransmitter Production Profile

Section 1 Gluten/Dairy

	Never	Always	
Does your child eat pasta, breads, breaded foods?	0	1 2 3	
Does your child have symptoms (fatigue, hyperactivity, etc) after eating wheat foods?	0	1 2 3	
Does your child eat dairy products?	0	1 2 3	
Does your child have symptoms (fatigue, hyperactivity, etc) after eating dairy products?	0	1 2 3	

Section 2 EFA's

	Never	Always	
Does your child eat fried fish?	0	1 2 3	
Does your child eat roasted nuts or seeds?	0	1 2 3	
Is your child missing essential fatty acid rich foods (avocados, flax seeds, olives) in his/her diet? <i>Mark "0" if present, "3" if missing</i>	0	1 2 3	
Does your child eat fried foods?	0	1 2 3	

Section 3 Methylcobalamin

	Never	Always	
Is your child's mental speed slow?	0	1 2 3	
Does your child have difficulty with learning or memory?	0	1 2 3	
Does your child have difficulty with balance and coordination?	0	1 2 3	

Section 4 Stress

	Never	Always	
Does your child have stress?	0	1 2 3	
Does your child not get enough rest or sleep? <i>Mark "3" if not enough</i>	0	1 2 3	
Does your child not get regular exercise? <i>Mark "3" if no exercise</i>	0	1 2 3	
Does your child feel overly worried and scared?	0	1 2 3	

Section 5 Hyperactivity

	Never	Always	
Does your child have temper tantrums?	0	1 2 3	
Does your child exhibit wild behavior?	0	1 2 3	
Does your child frequently yell or scream for unnecessary reasons?	0	1 2 3	
Does your child have an inability to nap or sleep when physically exhausted? <i>Mark "3" if unable</i>	0	1 2 3	

Is your child overly talkative?	0	1 2 3
Does your child fidget and squirm when seated?	0	1 2 3
Does your child run and climb excessively when it is inappropriate?	0	1 2 3
Does your child have difficulty playing quietly or engaging in leisure activities?	0	1 2 3

Section 6 GABA

	Never	Always	
Does your child get excited easily?	0	1 2 3	
Does your child have anxiousness and panic for minor reasons?	0	1 2 3	
Does your child feel overwhelmed for minor reasons?	0	1 2 3	
Does your child find it difficult to relax when he/she is awake?	0	1 2 3	
Does your child have disorganized attention?	0	1 2 3	

Section 7 Serotonin

	Never	Always	
Does your child seem depressed?	0	1 2 3	
Does your child have mood changes with overcast weather?	0	1 2 3	
Does your child have symptoms of inner rage?	0	1 2 3	
Does your child seem uninterested in games or hobbies?	0	1 2 3	
Does your child have difficulty falling into deep restful sleep?	0	1 2 3	
Does your child seem uninterested in friendships?	0	1 2 3	
Does your child have symptoms of unprovoked anger?	0	1 2 3	
Does your child seem uninterested in eating?	0	1 2 3	

Section 8 Dopamine

	Never	Always	
Does your child have difficulty handling stress?	0	1 2 3	
Does your child have anger and aggression while being challenged?	0	1 2 3	
Does your child feel tired even after long sleeps?	0	1 2 3	
Does your child tend to isolate from others?	0	1 2 3	
Does your child get distracted easily?	0	1 2 3	

Does your child have constant need and desire for candy and sugar? 0 1 2 3
Does your child have disorganized attention? 0 1 2 3

Section 9 Acetylcholine

Does your child have difficulty with visual memory? Never Always 0 1 2 3
Does your child have difficulty remembering locations? 0 1 2 3

Does your child have fatigue or low endurance for learning activities? 0 1 2 3
Does your child have difficulty with attention or low attention span or endurance? 0 1 2 3
Does your child have slow or difficulty speech? 0 1 2 3
Does your child have uncoordinated or slow movement? 0 1 2 3

Authorization for Care of a Minor

I hereby authorize DuPage Neurology & Wellness Center, SC and its doctor(s) and staff to administer care as they so deem necessary to my son/daughter. I realize that I am responsible for all fees charged by this office and I agree to pay for all services provided.

Signed: _____ Witnessed: _____ Date: _____