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**QUESTIONNAIRE FOR FOLLOW UP VISITS FOR NEURODEVELOPMENTAL PATIENTS**

**MEDICATIONS:**

**PLEASE list all current medications**, including any pharmaceuticals and all nutritional supplements **Include dosages**. Please do this for every visit or telephone consultation. **Please also note what effect, if any** you note from each of these, especially medications introduced since the last visit. **These lists are best kept on a computer, printed and updated before each visit.**

Are there any new medications or supplements given since the last appointment, perhaps from another physician?

Do you need any prescription renewals?

**LABORATORY TESTING:** Is there any lab work that has been done recently?

**DIET:**

What diet is the child currently following? [GF/CF, yeast free, specific carb., etc.]  
How is his/her appetite?

How has being on the diet or falling off the diet affected him/her?

**ENVIRONMENT:**

-Since the last visit, has there been any significant exposure to airborne toxins (chemical fumes) or allergens (mould, pollens)? If so, has this had any effect on symptoms? Describe.

**THERAPY:**

Please outline what types of behavioural/speech/O.T. therapy are being done, and how it seems to be helping.

**INFECTIONS:**

-Since your last visit, has there been any significant infections (colds, skin infections, etc.)? What treatment did you use for them? Any persisting effects?

**DETOXIFICATION PROCEDURES (Clay baths, chelation, sauna):**

-Please describe what treatments, if any are being done, and the child's response

**STRESS:**

Have there been any significant stresses/changes (physical or emotional) since the last visit?

**PROGRESS WITH BEHAVIOURAL AND PHYSICAL SYMPTOMS:**

Overall, since the last visit what symptoms are better, and what symptoms are unchanged or worse?

Describe any change for better or worse in ongoing behavioural symptoms (behaviour, communication, & social interaction; stimming, OCD tendencies) and physical symptoms (bowel habits, allergies, etc.)? Have you observed any patterns related to their increase or decrease (diet, medications, stress, weather, etc.)?

**NEW HEALTH CONCERNS:**

Are there any new concerns or questions that were not discussed at your last visit?