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**ADDITIONAL INTAKE QUESTIONNAIRE FOR CHILDREN WITH**  
**NEURODEVELOPMENTAL DISORDERS OR MOOD AND BEHAVIOUR DISORDERS**  
**[Including Autism, PDD-NOS, Asperger's Syndrome, Attention-deficit/hyperactivity disorder (ADHD), Learning Disabilities, and Global Developmental Delay]**

The biomedical treatment of neurodevelopmental disorders requires correlation of a large amount of detail in order to help understand the nature of the genetic, biochemical, and metabolic imbalances that could be affecting a child's neurological development and maturation. In addition to the usual child's medical history intake questionnaire, please answer these questions below:

**Developmental landmarks (please approximate the age):**

Crawling: \_\_\_\_\_ Was this delayed in your opinion?  Yes  No  
Sitting: \_\_\_\_\_ Was this delayed in your opinion?  Yes  No  
Walking: \_\_\_\_\_ Was this delayed in your opinion?  Yes  No  
Talking: \_\_\_\_\_ Was this delayed in your opinion?  Yes  No

**When did you first suspect a neurodevelopmental disorder?**

Did your child show symptoms of autism right from birth, or show signs later in infancy?  
 Yes  No Describe: \_\_\_\_\_

**Did your child regress, and lose some of his/her developmental landmarks?**

Yes  No Describe: \_\_\_\_\_

**When was your child officially diagnosed with a neurodevelopmental disorder?**

\_\_\_\_\_

What was the diagnosis given, and who gave it? \_\_\_\_\_  
[If you have them, please bring copies of any reports that document the diagnosis.]

Has there been any psychological evaluations or medical testing done? If so, please describe:

\_\_\_\_\_

What symptoms does your child display? Please describe: \_\_\_\_\_

\_\_\_\_\_

Which ones concern you the most? Please describe: \_\_\_\_\_

\_\_\_\_\_

### **HISTORY OF PREGNANCY AND DELIVERY**

Were there any problems or concerns with the mother's pregnancy or the child's delivery?

If so, provide details:

- Toxemia or high blood pressure in mother
- Fetal distress
- Forceps delivery/Vacuum extraction
- Problems with umbilical cord
- Baby needed resuscitation, or had a low APGAR score
- Prolonged labour
- Caesarian section
- Problems with placenta

Prenatal exposures to any of the following? If so, give details:

- Potentially toxic chemicals
- Moving into a newly constructed house
- Moldy environments
- Exposure to intense electromagnetic fields or X-rays
- Dental amalgams in the mother
- High intake of fish by the mother (e.g.-several times per week)
- Immunizations or Rhogam given to the mother during pregnancy

Did the mother have any significant infections during the pregnancy (severe influenza, or infection requiring antibiotics)? Yeast infections? \_\_\_\_\_

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Were there any other medical problems that the mother had during pregnancy? \_\_\_\_\_

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Was the mother following any special diet during her pregnancy? If so, describe \_\_\_\_\_

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### **ADDITIONAL INFORMATION**

Please bring copies of any relevant medical reports, a list of treatments that your child has undertaken in the past, a complete list of your child's past & present medications, a copy of your child's immunization schedule, and if available, copies of relevant previous medical reports and laboratory tests details.

**Please provide a small photograph of your child (Under 4"X 4") to have in the chart. This will help Dr. Coombs remember your child when he talks with you by telephone.**

### **ATEC QUESTIONNAIRE**

On the following page is the ATEC questionnaire developed by the Autism Research Institute for tracking progress during treatment. I find it helpful not only for the whole autism spectrum ,but also for other children who are basically neurotypically normal but may only have a few isolated features of those found in ASD children. If the ATEC form seems at all relevant to your child's situation, even if most of the responses are typical, please fill this out for the first appointment. It helps Dr. Coombs understand your child's symptom pattern better. You can also do the ATEC questionnaire online at the website noted below if you want to obtain a numerical score for each assessment done. For children with a significant ATEC score, the form is a good way of tracking progress. **I suggest you keep copies for your own records.**

# Autism Treatment Evaluation Checklist (ATEC)

Bernard Rimland, Ph.D. and Stephen M. Edelson, Ph.D.

## Autism Research Institute

4182 Adams Avenue, San Diego, CA 92116

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Project/Purpose:				
Scores: I	II	III	IV	Total

This form is intended to measure the effects of treatment. Free scoring of this form is available on the Internet at: www.autism.com/atec

Name of Child \_\_\_\_\_  Male Age \_\_\_\_\_  
 Last First  Female Date of Birth \_\_\_\_\_  
 Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please circle the letters to indicate how true each phrase is:**

**I. Speech/Language/Communication:** [N] Not true [S] Somewhat true [V] Very true

- |  |  |  |
|--|--|--|
| N S V 1. Knows own name  | N S V 6. Can use 3 words at a time<br>(Want more milk) | N S V 11. Speech tends to be meaningful/<br>relevant             |
| N S V 2. Responds to 'No' or 'Stop'                            | N S V 7. Knows 10 or more words                        | N S V 12. Often uses several successive<br>sentences             |
| N S V 3. Can follow some commands                              | N S V 8. Can use sentences with 4 or<br>more words     | N S V 13. Carries on fairly good<br>conversation                 |
| N S V 4. Can use one word at a time<br>(No!, Eat, Water, etc.) | N S V 9. Explains what he/she wants                    | N S V 14. Has normal ability to com-<br>municate for his/her age |
| N S V 5. Can use 2 words at a time<br>(Don't want, Go home)    | N S V 10. Asks meaningful questions                    |  |

**II. Sociability:** [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

- |   |                                       |   |
|---|---------------------------------------|---|
| N S V 1. Seems to be in a shell – you<br>cannot reach him/her | N S V 7. Shows no affection           | N S V 14. Disagreeable/not compliant      |
| N S V 2. Ignores other people                                 | N S V 8. Fails to greet parents       | N S V 15. Temper tantrums                 |
| N S V 3. Pays little or no attention when<br>addressed        | N S V 9. Avoids contact with others   | N S V 16. Lacks friends/companions        |
| N S V 4. Uncooperative and resistant                          | N S V 10. Does not imitate            | N S V 17. Rarely smiles                   |
| N S V 5. No eye contact                                       | N S V 11. Dislikes being held/cuddled | N S V 18. Insensitive to other's feelings |
| N S V 6. Prefers to be left alone                             | N S V 12. Does not share or show      | N S V 19. Indifferent to being liked      |
|   | N S V 13. Does not wave 'bye bye'     | N S V 20. Indifferent if parent(s) leave  |

**III. Sensory/Cognitive Awareness:** [N] Not descriptive [S] Somewhat descriptive [V] Very descriptive

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|--|--|--|
| N S V 1. Responds to own name          | N S V 7. Appropriate facial expression | N S V 13. Initiates activities           |
| N S V 2. Responds to praise            | N S V 8. Understands stories on T.V.   | N S V 14. Dresses self                   |
| N S V 3. Looks at people and animals   | N S V 9. Understands explanations      | N S V 15. Curious, interested            |
| N S V 4. Looks at pictures (and T.V.)  | N S V 10. Aware of environment         | N S V 16. Venturesome - explores         |
| N S V 5. Does drawing, coloring, art   | N S V 11. Aware of danger              | N S V 17. "Tuned in" — Not spacey        |
| N S V 6. Plays with toys appropriately | N S V 12. Shows imagination            | N S V 18. Looks where others are looking |

**IV. Health/Physical/Behavior:**

Use this code: [N] Not a Problem  
[MI] Minor Problem

[MO] Moderate Problem  
[S] Serious Problem

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| N MI MO S 1. Bed-wetting              | N MI MO S 9. Hyperactive             | N MI MO S 18. Obsessive speech                                  |
| N MI MO S 2. Wets pants/diapers       | N MI MO S 10. Lethargic              | N MI MO S 19. Rigid routines                                    |
| N MI MO S 3. Soils pants/diapers      | N MI MO S 11. Hits or injures self   | N MI MO S 20. Shouts or screams                                 |
| N MI MO S 4. Diarrhea                 | N MI MO S 12. Hits or injures others | N MI MO S 21. Demands sameness                                  |
| N MI MO S 5. Constipation             | N MI MO S 13. Destructive            | N MI MO S 22. Often agitated                                    |
| N MI MO S 6. Sleep problems           | N MI MO S 14. Sound-sensitive        | N MI MO S 23. Not sensitive to pain                             |
| N MI MO S 7. Eats too much/too little | N MI MO S 15. Anxious/fearful        | N MI MO S 24. "Hooked" or fixated on<br>certain objects/topics  |
| N MI MO S 8. Extremely limited diet   | N MI MO S 16. Unhappy/crying         | N MI MO S 25. Repetitive movements<br>(stimming, rocking, etc.) |
|                                       | N MI MO S 17. Seizures               |   |