

**JOHN F. COOMBS, B.Sc., M.D.**  
**152 WALTER'S LANE, FALLBROOK, ONTARIO**  
**Telephone: (613) 267-2523 Fax: (613) 267-6216**

05/8

**INFORMATION FOR FOLLOW UP VISITS FOR AUTISM 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.

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

Do you need any prescription renewals?

**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.

**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?

**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?