

Body Ecology

Consultation Date: _____

Consultation for Children

Consultation Time: _____

Phone (888) 489-3438

Fax (310) 492-5217

Please call our office at (888) 489-3438 or (310) 350-5053 to schedule your consultation. The following form is to be completed 24 hours prior to your consultation and emailed to consultations@bodyecology.com, or printed out and faxed to the above number.

Name of Mother: _____

Date of Birth: _____

Name of Father: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Email Address: _____

Name of child: _____

Age: _____ Sex: _____

Blood type: _____ Birth Date: _____ Weight: _____ Height: _____

Today's Date: _____

1. What is the current diet of your family?

2. What is the current diet of your child?

3. Do you eat organic foods?

4. What medications or supplements is your child taking?

5. How was your child born (Vaginal or C-section)?

6. Please describe the birth process. Was it a long labor, was the baby stressed during labor, were drugs administered, etc.?

7. What was your child's birth weight and height?

8. Was your child breast-fed or bottle-fed? If breast-fed, for how long? If formula-fed what type of formula?

9. What foods were first introduced and at what age?

10. Was there any early antibiotic use for reoccurring ear infections or for something else?

11. How was mother's health before, after and during pregnancy (ex. Did she suffer from postpartum depression, have trouble getting pregnant, etc.)?

12. Does mother have a history of yeast infections or viral infections? Please describe when infection occurred?

13. Did mother feel like she had adrenal fatigue?

14. Were fertility drugs used?

15. What was mother's diet as a child?

16. Does the mother currently have any health concerns?

17. What was father's diet as a child?

18. Does the father currently have any health concerns?

19. How involved is the father?

20. Does your child have a step-parent?

21. Is the birth father and mother living at home?

22. Are both parents supportive to changes in diet and life-style that help his/her child become well?

23. Are there any other children in the family? Please give names and ages.

24. How do the child's siblings do in school?

25. Is the child on the autism spectrum?

26. When did you first suspect autism?

27. When was your child diagnosed with autism?

28. Do you feel vaccinations were a factor or did they show symptoms of autism from birth?

29. What autistic symptoms does your child display?

30. Describe your child before onset of his/her autistic symptoms.

31. Of the symptoms mentioned, which ones would you most like to see changed?

32. Have you tried any alternative therapies? If so, describe what results were seen.
