

4) If you have observed any effect(s) from any of the treatment(s) received, please write them in detail and their effect(s).

5) Is your child currently attending or has ever participated in an educational institution? If yes, please indicate institution (e.g. daycare, preschool etc.) and frequency (times a week, hours per day)

4. Questions about Child Development

1) Delivery time : Pregnancy () Term () Your child's weight at birth (lb)
/ Incubator duration: (days)

2) Were there any abnormalities that could affect your child's brain function before, during, or shortly after birth? (e.g. neonatal cerebral hemorrhage, hypoxia, chromosomal abnormalities). If yes, please write.

3) How old was the mother and father when your child was born? Was there any illnesses both parents may have experienced during the pregnancy/child birthing period.

Mother's age at birth () Father's age at birth ()

Mother or father's specific medical condition during pregnancy/birth, if any ()

4) Has your child ever been cared for by a caregiver other than the parent? If yes, what is the relationship like?

5. Developmental History

1) When your child was around 3 months old, did he/she make eye contact with the person who called him/her and respond with a smile?

2) When your child was around 6 months old, did he/she recognize the stranger and respond differently by crying or other expressions?

3) Please describe below indicated developmental status when he/she was around 12 months old.

==How much language did your child produce? Please write exact words, if any except babbling.

==Was it possible to imitate others such as saying "hi" and waving or saying "bye,bye" or peak-a-boo? If possible, please indicate.

==Has there ever been times your child has shown happiness or excitement when a parent has returned home from work? (If there has been an emotional interaction please write in detail).

==Please describe his/her eye contact and response to name.

4) Please describe followings when the child was around 18 months of age,

- Language :
- Behavior imitation :
- Eye contact :
- Response to Name :
- Social Interaction :

5) Please describe followings when the child was around 24 months of age,

- Language :
- Behavior imitation :
- Eye contact :
- Response to Name :
- Social Interaction :

6) What was your child's first word? What age was it spoken?

7) When did your child start walking?

8) Please tell us whether you think that your child's development was slow from the beginning or if you think it was delayed at some point during normal development.

9) If you believe that your child's development was delayed at a later age and not from birth, please tell us since when it was, and any specific cause you have in your mind.

6. Current State of Development

1) What are your thoughts on your child's developmental issues? (e.g. autism, Asperger syndrome, language delay)

2) Please indicate at what age do you think your child's current social development is?

3) Please indicate how much you think your child's developmental state is behind his or her age.

4) If your child communicate with words spontaneously, please list words he/she use frequently.

5) If your child can speak in sentences, please list sentences he/she uses frequently.

6) If your child has any abnormalities in language, such as unstable pronunciation, voice, or tone, please indicate in detail.

7) Please tell us how much interest your child shows and gets along with his/her peers.

8) Please indicate about your child's eye contact:

- Selectively make eye contact only when he/she wants to. ()
- Eye contact is very short. ()
- Makes good eye contact with family, but not stable with other people ()
- rarely make eye contact. ()
- Makes eye contact, but cannot convey subtle emotions ()
- Have normal eye contact ()

9) Please indicate about your child's behavior imitation

- No imitation at all. ()
- Sometimes imitate. ()
- No immediate imitation, but intermittent delayed imitation is possible. ()
- Actively imitate in natural ()

10) Please indicate in detail if there is specific stereotyped behavior or sensory-seeking behavior.

7. Questions for Treatment Plan

1) Please tell us your goals to what extent you would like your child to be treated.

- I want my child to attend normal school in normal development. ()
- Even if my child does not fully cured, I hope he/she will be able to communicate with others and have a social life. ()
- I wish I could be able to communicate with my child by spoken words. ()

2) How many hours a day does mom or dad plan to do floortime (play with child) at home?

mom (hours per day)

dad (hours per day)

3) Please indicate what treatment you would like to receive from Dr. Tomato.

- Herbal medicine treatment ()
- Vitamin-mineral therapy ()
- Tomatis Therapy () ILS Therapy ()
- Floortime Coaching() Floortime Homeschool ()
- AMMT speech and speech therapy ()
- I will try to follow most of Dr. Tomato plans. ()

<A. Questions for herbal medicine and nutritional supplement prescription >

A1. If your child has sleep problems, please indicate in detail.

- Does your child not get a deep sleep and wake up frequently? ()
- Does your child often wake up and cry? ()
- Does your child wake up from sleep and spend the night playing for a while? ()
- Does your child have difficulty falling asleep and toss and turn for a long time? ()
- If there are any other abnormalities in sleep, please write in detail.
()

A2. If there is an abnormality in the stool, please indicate in detail.

- How often does your child defecate? (Example: Once every 2 days) - ()
- Does the stool tend to be soft? Is it a strong tendency? ()
- Is the stool prone to constipation? Or is it a tendency to diarrhea? ()
- Does the stool or fart smell bad? ()
- Do you often see undigested grains or food from child's stool? ()
- Does your child occasionally scratch because of itching around the anus? ()
- Does your child often complain of abdominal pain? ()
- If there are any other abnormalities in the stool, please write in detail.
()

A3. If there is an abnormality in child's skin such as atopic dermatitis, hives, or skin rash, please indicate in detail.

- If atopy occurs frequently, the affected area is (e.g. around the neck) ()
- If hives occur frequently, the affected area is ()
- In case of frequent rashes and papules on the skin, the affected area is ()
- Is your child's skin color white or black? ()
- Is your child's skin glowing? Or is it dry? ()
- If there are any other skin abnormalities, please write in detail.
()

A4. If there are any abnormalities in your child's emotional state, please indicate in detail.

- Is your child timid and often feels anxious and fearful? ()
- Is your child easily annoyed? ()
- Does your child have difficulties in daily life due to extreme distraction? ()
- Does your child get overly excited or show uncontrollable hyperactivity repeatedly? ()
- Does your child often shows sudden laughing or sudden crying on his/her own? ()
- Does your child often shows a dazed state, such as staring blankly into the air? ()
- Please write in detail if there is any other abnormal emotional state you have noticed.
()

A5. If there are any abnormalities in the child's nutrition or growth, please write down in detail.

Is your child's height or weight below average? If yes, please write in detail.

Height (height) - ()

weight (weight) - ()

Appetite state -

A6. Please indicate child's general pattern of infection

Colds – Does your child often catch colds? What are the initial symptoms of a cold?

()

Rhinitis – Does your child have allergic rhinitis, often shows stuffy nose or runny nose?

()

Conjunctivitis - Does the symptom of conjunctivitis recur in spring or autumn?

()

Bad breath - Does your child have bad breath?

()

A7. Describe any abnormalities or characteristics of the child's health that the physician should be aware of during treatment.

()

()

()

I hereby certify that as the parent /guardian of _____, have completed this questionnaire.

Date:

Name of Parent /Guardian _____

Signiture_____