

HIPAA - SUMMARY OF PRIVACY NOTICE

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1. OUR LEGAL DUTY

Our practice is dedicated to maintaining the privacy of current and former patients' health and financial information as required by our internal policies and applicable law. We are also required by federal law to give you this notice explaining your rights, our legal duties and privacy practices. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI(Personal Health Information) that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information contained in this Notice.

2. USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose PHI about you for treatment, payment, and healthcare operations. For example: Treatment: We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. Payment: We may use and disclose your PHI to obtain payment for services we provide to you. Healthcare Operations: We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. To Your Family and Friends: We must disclose your PHI to you, as described in the Patient Rights section (Block 3) of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. Persons Involved In Care: We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures.

In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Marketing Health-Related Services: We will not use your PHI for marketing communications without your written authorization. Required by Law: We may use or disclose your PHI when we are required to do so by law. Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. National Security: We may disclose to the military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected PHI of inmate or patient under certain circumstances. Appointment reminders: We may use or disclose your PHI to provide you with appointment reminders (such as voice-mails, e-mails, postcards, or letters).

3. PATIENT RIGHTS

Access: You have the right to inspect and obtain a copy of your protected PHI, with limited exceptions. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us as a result of complying with your request. Requests for access to your protected PHI must be made in writing. Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. You must submit your request in writing to the contact information provided at the top of this notice. Your first request within a 12-month period is free of charge, but our practice may charge you for additional request made within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request

before you incur any costs. Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the contact information provided at the top of this notice. Your request, in a clear and concise manner should describe; the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both or to whom you want the limits to apply.

Alternative Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. Your request must be in writing and specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are still entitled to receive this Notice in written form.

4. QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the top of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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X

[Redacted]

09-01-2020 04:08:PM

Form Name: Pediatric Neurology Intake Form

Patient information and Background

Name _____

DOB _____

Age _____

Sex :
 Male Female

Address _____

Best Contact Number _____

Email _____

Mother/Caregiver _____

Occupation _____

Father/Caregiver _____

Occupation _____

How did you hear about our office?

Person(s) filling out this form

Mother Father Other Caregiver

Does the child have any formal Diagnos(es)?

Autism Spectrum ADHD Dyslexia OCD

PANDAS/PANS Sensory Processing Disorder

Anxiety

What are your primary concerns in order of severity?

Who is currently responsible for child's care?

Mother Father Other Caregiver

Other: _____

At what age did you become concerned about your child? _____

Was there a sudden regression? _____

Explain:

Has your child had any therapies?

PT OT Speech Therapy Play Therapy

Counseling ABA Biological Treatments

Did you consider any of these therapies Successful?

Yes No

Other: _____

Which ones? _____

CHILDHOOD HISTORY

GROWTH AND DEVELOPMENT

At what age did your child:

Respond to sound? _____

Hold head up? _____

Sit alone? _____

Crawl? _____

Stand? _____

Talk? _____

Walk? _____

Other missed milestones/concerns:

PHYSICAL STRESS

Trauma/Falls during Mother's pregnancy?

Yes No

_____ Briefly describe:

Type of birth?

Vaginal C-Section

Presentation:

Cephalic (head first) Breech (feet first)

Was there any assistance needed during birth? (Select all that apply)

Forceps Cesarean Vacuum Extraction Induction Assisted Traction/Head Turning

Was there any evidence of birth trauma to the infant? Select all that apply:

Bruising Asymmetrical head shape Fast or excessively long birth Respiratory depression

Cord around neck

Does your child have a preferred sleeping position?

Yes No

_____ Describe or comment:

Did your child prefer one-sided breast-feeding position?

Yes No

_____ Describe or comment:

Did your baby spit up after feeding?

Yes No

_____ Describe or comment:

Does child ever bang his/her head repeatedly?

Yes No

_____ Describe or comment:

_____ Has your child had any surgeries?

If yes, please list surgeries below:

_____ 1. Type _____ When _____ Doctor _____

_____ 2. Type _____ When _____ Doctor _____

_____ 3. Type _____ When _____ Doctor _____

Please list any accidents and/or injuries (Especially related to your child's present problems):

_____ 1. Type _____ When _____ Hospitalized? Yes No

_____ 2. Type _____ When _____ Hospitalized? Yes No

_____ 3. Type _____ When _____ Hospitalized? Yes No

Has your child ever had x-rays taken?

Yes No

_____ When? _____ Where? _____

_____ Any other tests? (MRI, CT, labs, etc)

Does your child play sports?

Yes No

_____ If yes, hours per week? _____ Age child began? _____

_____ On average, how many hours spent: At play per week?

_____ Screen time hours spent per week? (T.V. computers, video games)

Do you worry about your child's balance/coordination?

Yes No

_____ Describe or comment: _____

CHEMICAL STRESS

Was/is your child breast-fed?

Yes No

_____ For how long? _____

_____ At what age was: Formula introduced?

_____ Age cow's milk introduced?

_____ Age solid food introduced?

Does your child have food allergies/intolerances?

Yes No

Describe or comment: _____

What is your child's favorite food?

What does your child regularly drink?

Does your child have a bowel movement every day?

Yes No

Describe or comment: _____

Does your child have regular or occasional skin rashes?

Yes No

Describe or comment: _____

Did your child ever have a noticeable reaction to immunizations?

Yes No

If Yes, did they experience any of the following reactions ? (Select all that apply)

- Inconsolable crying Irritability Arching of body Rash or Itch Bowel disturbances Fever
- Feeding disturbances Drowsiness Other: (If Other, explain below.)

Other(s): _____

History of antibiotics?

Yes No

_____ If yes, how many courses has your child received in their lifetime?

Reason for last course of antibiotics? _____

Please list ALL medications your child currently takes or has taken in the past 6 months:

Medication _____

Taken for _____

Medication _____

Taken for _____

Medication _____

Taken for _____

Please list all nutritional supplements, vitamins, homeopathic remedies your child presently takes:

Supplement _____

Taken for _____

Supplement _____

Taken for _____

Supplement _____

Taken for _____

Are there pets in the home?

Yes No

Are there any smokers at home?

Yes No

EMOTIONAL STRESS

Has child experienced any emotional/physical abuse?

Yes No

_____ If yes, explain

Did mother have any:

- difficulties with breast-feeding difficulty bonding w/baby post-partum depression?

Has your child experienced night terrors, sleep walking, difficulty sleeping?

Yes No

Describe or comment: _____

Do you consider their sleeping pattern normal?

Yes No

Describe or comment: _____

Quality of Sleep?

- Good Fair Poor

Average number of hours of sleep per night?

Has your child experienced behavior problems?

- Yes No

Describe or comment:

Do you feel that your child's social and emotional development is normal for their age?

Describe or Comment:

- Yes No

Does/Did your child attend day care?

- Yes No

From what age?

Is your child in school?

- Yes No Home School

Grade

Strongest academic subjects

Weakest

Is child having behavioral problems at school?

If yes, explain

- Yes No

FAMILY HISTORY

Please list any medical family history on mother's and/or father's side: (i.e. cancer, diabetes, heart disease etc)

Do siblings have any health concerns?

- Yes No

If Yes, please describe:

The above information that I have provided is complete, true and accurate to the best of my knowledge.

Print your full name and sign:

X

Ip Address

Hemispheric Check List

Motor Characteristics of Right Brain Delay

Check all that apply

- Clumsiness and odd posture Poor Coordination
- Not athletically inclined and has little interest in participation sports
- Low muscle tone - muscles seem floppy
- Poor gross motor skills, such as learning to ride a bike and/or runs/walks oddly
- Repetitive/stereotyped motor mannerisms (spins in circles, flaps)
- Fidgets excessively Poor eye contact
- Walks or walked on toes

Total number of checks:

Motor Characteristics of Left Brain Delay

Check all that apply

- Fine motor problems (poor or slow handwriting)
- Difficulty with fine motor skills (dyspraxia), such as buttoning a shirt
- Poor or immature hand grip when writing
- Tends to write very large
- Stumbles over words when fatigued
- Exhibited delay in crawling, standing, and/or walking
- Loves sports and is good at them Good muscle tone
- Poor drawing skills Difficulty learning to play music
- Likes to fix things with the hands and is interested in anything mechanical
- Difficulty planning and coordinating body movements

Total number of checks:

Sensory Characteristics of Right Brain Delay

Check all that apply

- Poor spatial orientation - bumps into things often
- Sensitive to sound
- Confusion pointing to different body parts when asked
- Poor sense of balance High threshold for pain
- Likes to spin, go on rides, swing, etc. - anything with motion
- Touch things compulsively
- A girl uninterested in makeup or jewelry because of it how it feels
- Does not like feel of clothing on arms or legs; pulls of clothes
- Doesn't like being touched and doesn't like to touch things
- Incessantly smells everything Prefers bland food
- Does not notice strong smells, such as burning wood, popcorn, cookies
- Avoids food because of the way it looks
- Hates having to eat and is not even interested in sweets
- Extremely picky eater

Total number of checks:

Sensory Characteristics of Left Brain Delay

Check all that apply

- Doesn't seem to have many sensory "issues" or problems
- Good spatial awareness Good sense of balance
- Eats just about anything
- Has a normal to above average sense of taste and smell
- Likes to be touched Not sensitive to clothing
- Poor auditory or central processing
- Seems not to hear well, although hearing tests are normal
- Delay in speaking was attributed to ear infections
- Gets motion sickness often
- Not under-sensitive or oversensitive

Total number of checks

Emotional Symptoms of Right Brain Delay

Check all that apply

- Child spontaneously cries and/or laughs and has sudden outbursts of anger or fear
- Worries a lot and tends to have phobias of many things
- Holds onto past "hurts"
- May have sudden emotional outburst that appear over-reactive, and inappropriate
- Experiences panic and/or anxiety attacks
- Sometimes displays dark or violent thoughts
- Face lacks expression; doesn't exhibit much body language
- Lacks empathy Lacks emotional reciprocity
- Fearless, a dangerous risk taker

Total number of checks

Emotional Symptoms of Left Brain Delay

Check all that apply

- Overly happy and affectionate, loves to hug and kiss
- Frequently moody and irritable, depressed
- Loves doing new or different things but gets bored easily
- Lacks motivation Withdrawn or shy
- Excessively cautious or pessimistic and is extremely negative
- Doesn't seem to get any pleasure out of life
- Socially withdrawn
- Cries easily; feelings get hurt easily
- Seems to be in touch with own feelings
- Empathetic to other people's feelings; reads people's emotions well
- Gets embarrassed easily
- Very sensitive to what others think about them

Total number of checks

Behavioral Characteristics of Right Brain Delay

Check all that apply

- Thinks analytically all the time
- Often miss the gist of the story
- Always the last to get the joke
- Gets stuck in set behavior; can't let it go
- Lacks social tact and/or is antisocial and/or socially isolated
- Poor time management; always late Disorganized
- Problem paying attention
- Is hyperactive and/or impulsive
- Has obsessive thoughts or behavior
- Argues all the time and is generally uncooperative
- Exhibits signs of eating disorder
- Failed to thrive as an infant
- Echolalia (mimicking sounds or words, repeatedly without really understanding the meaning)
- Appears bored, aloofness, and abrupt
- Considered strange by other children
- Inability to form friendships
- Inability to share enjoyment, interests, or achievements with other people
- Acts inappropriately giddy or silly
- Child has inappropriate social interactions (one-sided social interaction does not listen or care what another person is saying)
- Talks incessantly and asks repetitive questions
- No or little joint attention (pointing to object to get your attention)
- Didn't look at self in the mirror as a toddler

Total number of checks

Behavioral Characteristics of Left Brain Delay

Check all that apply

- Procrastinates
- Extremely shy, especially around strangers
- Very good at non-verbal communications
- Is well liked by other children and teachers
- Does not have any behavioral problems at school
- Understands social rules Poor self-esteem
- Makes good eye contact Hates doing homework
- Very good at social interaction
- Likes to be around people and enjoys going to parties
- Doesn't like to go to sleep-overs
- Not good at following routines
- Can't follow multiple-step directions
- Seems to be very in touch with their own feelings
- Jumps to conclusions

Total number of checks

Academic Characteristics of Right Brain Delay

Check all that apply

- Poor math reasoning (word problems)
- Poor reading comprehension and pragmatic skills
- Issues with the big picture Very analytical
- Problem understanding jokes
- Very good at finding mistakes (spelling) Very literal
- Doesn't always reach conclusions when speaking
- Early speech precociousness (talked well early), even if slightly delayed
- IQ high in verbal ability and below average in performance abilities
- Was an early word reader
- Interested in unusual topics
- Learns in memorizing manner
- Learns an extraordinary amounts of specific facts about a subject
- Impatient
- Speaks in monotones; little voice inflection
- Poor nonverbal communicator
- Doesn't like loud noises and complains that volume is too low
- Speaks out loud regarding what he or she is thinking
- Talks "in your face" - close talker
- Good reader but does not enjoy reading
- Analytical; lead by logic
- Follows rules without questioning them
- Good at keeping track of time
- Easily memorizes spelling and mathematical formulas
- Enjoys observing rather than participating
- Would rather read an instruction manual before trying something new
- Math is often the first academic subject to be viewed as problematic

Total number of checks: _____

Academic Characteristics of Left Brain Delay

Check all that apply

- Very good at big picture skills
- Good at abstract "thought free" association
- Poor Analytical skills
- Very visual; loves images and patterns
- Constantly questions why you're doing something or why rules exist
- No sense of time
- Child enjoys touching and feeling actual objects
- Has trouble prioritizing
- Unlikely to read instruction manual before trying something new
- Is naturally creative but, needs to apply themselves to develop their potential
- Would rather do things instead of observing
- Uses good voice inflection when speaking
- Misreads or omits common small words
- Child stumbles through longer words
- Reading too slow and laboriously
- Has difficulty naming colors, objects and letters as a toddler
- Needs to hear or see concepts many times in order to learn them
- Has shown a downward trend in achievement test scores or school performance
- Schoolwork is inconsistent Started as a late talker
- Has difficulty pronouncing words (poor with phonics)
- Had difficulty learning the alphabet, nursery rhymes or songs when young
- Has difficulty finishing work or finishing a conversation
- Acts before thinking and makes careless mistakes
- Tends to misread, omit or repeat words; child reads slowly
- Daydreams a lot
- Difficulty sequencing events in the proper order
- Letters are sometimes written backwards
- Poor at basic math operations
- Poor memorization skills
- Child has poor academic performance
- Child has a lower verbal, and higher nonverbal IQ test result
- Performs poorly on verbal tests
- Needs to be told things several times before they understand
- Started to stutter as a child
- Doesn't read directions well and is a poor test taker (misinterprets questions)

Total number of checks:

Common Immune Characteristics of Right Brain Delay

Check all that apply

- Tends to have an over active immune system (allergies)
- Rarely gets colds and infections
- Has had or has eczema or asthma
- Skin has little white bumps especially on the back of the arms
- Erratic behavior - good one day, bad the next
- Craves certain foods, especially dairy and wheat products

Total number of checks

Common Immune Characteristics of Left Brain Delay

Check all that apply

- Gets chronic ear infections
- Prone to tumors, usually benign or cysts
- Has been on a lot of antibiotics
- Has had tubes put in the ears (or considered)
- Catches colds frequently No allergies

Total number of checks

Common Autonomic Characteristics of Right Brain Delay

Check all that apply

- Problems with bowel function; constipation, diarrhea
- Rapid heart rate and/or high blood pressure for age
- Appears bloated, especially after meals, and often complains of stomach pains
- Has body odor Sweats a lot
- Hands are always moist and clammy

Total number of checks

Common Autonomic Characteristics of Left Brain Delay

Check all that apply

- Still wets the bed
- Has or had an irregular heartbeat (arrhythmia or heart murmur)

Total number of checks

Add total number of Right Brain and Left Brain checks and put the totals below

Total Right Brain Checks

Total Left Brain Checks

Form Name: Primitive Reflex Symptom Checklist

Primitive Reflex Symptom Checklist

Name

Date

Fear Paralysis Reflex

Click all that apply

- Anxiety seemingly unrelated to reality
- Hypersensitivity to touch, sound, changes in visual field
- Dislike of change or surprise, poor adaptability
- Breath holding Fear of social embarrassment
- Insecure/lack of trust in oneself
- Overly clingy or may be unable to accept or demonstrate affection easily
- Negativism, defeatist attitude, won't try new activities, especially where comparison or excellence is expected
- Temper tantrums
- Immediate motor paralysis under stress - can't think and move at same time - freezes

Total number of checks

Moro

Check all that apply

- Excessive blinking
- Hypersensitivity to sudden noise, light, or movement
- A hyper startle response, followed by rapid heartbeat
- Difficulty with new or stimulating experiences
- Impulse behavior
- Vestibular problems (imbalance, dizziness, motion sickness, vertigo)
- Anxiety, flushing uncontrollably when embarrassed or nervous
- Frequent ear and throat infections
- Depleted energy, fatigue, mood swings
- Dislike of change
- Sensitivity to foods or food additives, chronic digestive problems from childhood

Total number of checks

Tonic Labyrinthine Reflex (TLR)

Check all that apply

- Poor posture
- Toe walker as a kid
- Poor balance and coordination
- Poor eye movement control
- Visual-perceptual difficulty
- Afraid of heights
- Difficulty judging space, distance, depth and speed
- Poor concentration
- Fatigue while reading or when working or studying at a desk
- Motion sickness

Total number of checks

Spinal Galant

Check all that apply

- Can't sit still; fidgety
- Short term memory problems
- Bed-wetting beyond age 5, Chronic bladder control issues
- Sensitive to tight clothing around waist or tags on clothes
- Constant noise making
- Attention and concentration problems
- Difficulty coordinating normal walking gait
- May affect fluency and mobility in physical activities or sports
- Can contribute to the development of scoliosis of the spine
- Body tends to tilt to one side

Total number of checks

Asymmetrical Tonic Neck Reflex

Check all that apply

- Poor handwriting
- Difficulty reading and tracking
- Left-right confusion (mixed laterality), Ambidextrous
- Difficulty copying
- ADHD, OCD characteristics
- Missing parts of a line when reading
- Difficulty catching a ball
- Poor at sports, dancing or bilateral intergration
- Eye-hand coordination difficulty
- Judgement of distance may be affected

Total number of checks

Symmetrical Tonic Neck Reflex

Check all that apply

- Poor posture (when head bends, the arm will bend, causing tendency to slump when sitting or lying on the desk to write)
- Tend to "hook feet" under desk for support
- Clumsy
- Eyes fatigue when reading or focusing near on screen
- As a child, you skipped, missed or shortened crawling or crawled in unusual way
- Difficulty sitting with legs crossed ("W" position when sitting on the floor)
- Poor hand-eye coordination
- Poor upper and lower body integration, affecting gross motor skills
- Messy eater
- Poor organization and planning skills

Total number of checks

Rooting and Suck Reflex

Check all that apply

- Speech and articulation problems, stuttering
- Difficulty swallowing and chewing
- Difficulty speaking and doing manual tasks at the same time
- Involuntary tongue or mouth movements when writing or drawing
- Poor manual dexterity, especially when chewing or speaking
- Hypersensitivity around lips and mouth
- Oral fixation, always need to do something with mouth, biting, chewing, sucking, etc
- Dribbling and drooling
- Poor manual dexterity when speaking

Total number of checks

Palmer Grasp Reflex

Check all that apply

- Poor fine motor skills and manual dexterity
- Inappropriate pencil grip and poor handwriting
- Weak immune system
- Difficulty processing ideas on to paper
- Poor posture and/or back pain when working at a desk or computer
- Constant need to always touch and hold things in hand
- Poor memory for details
- Not good with math or numbers
- Mixed dominance, ambidextrous, or left handed

Total number of checks

Babinski Reflex

Check all that apply

- Difficulty or delay learning to walk (14 months or later)
- Running awkwardly Poor balance
- Can't press toes in to the ground
- Problems with sports requiring balance and coordination while running
- Low back pain while walking and/or standing
- Shin soreness Recurrent ankle sprains/twists
- Difficultly walking in the dark (vision doesn't assist balance)
- Toe walking, current or previous

Total number of checks

Form Name: Sensory Function Checklist

Sensory Function Checklist

Name

Date

Vestibular Function Checklist

The vestibular system is all about balance spatial awarness. These are signs of a problem in this area. Please rate every symptom below on a scale of 1 (Doesn't apply at all) to 10 (Almost always) Add up the numbers and recored the total.

1. Exhibits poor balance

Score (1-10)

2. Had Delayed crawling, standing &/or walking

Score (1-10)

3. Poor muscle tone (extremely flexible)

Score (1-10)

4. Experiences motion sickness

Score (1-10)

5. Dislikes heights, swings, elevators, carousels

Score (1-10)

6. Easily disoriented &/or poor sense of direction

Score (1-10)

7. Clumsy

Score (1-10)

8. Difficulty remaining still; seeks movement especially spinning or rocking

Score (1-10)

9. Difficulties with space perception

Score (1-10)

10. Walks or walked on toes

Score (1-10)

Total (10-100)

Auditory Function Checklist

These are symptoms of a problem with auditory sensory system. Read each of the following symptoms and rate them on a scale of 1-10 with 1 meaning it "Doesn't apply at all" to 10 meaning "almost always". Add up the numbers and record the total.

1. Concerned about hearing as an infant

Score (1-10)

2. Inability to sing in tune

Score (1-10)

3. Hypersensitivities to sound

Score (1-10)

4. Misinterprets questions

Score (1-10)

5. Confuses similar sounding words frequently

Score (1-10)

6. Inability to follow sequential instructions

Score (1-10)

7. Flat and monotonous voice

Score (1-10)

8. Hesitant speech

Score (1-10)

9. Small Vocabulary

Score (1-10)

10. Confusion or reversal of letters

Score (1-10)

Total

Visual Dysfunction Checklist

This checklist focuses on symptoms that make reading difficult. Rate each symptom from a scale of 1 indicating "doesn't apply at all" to 10 which indicates "almost always." Add up the total score and record it (10-100)

1. Misreads words

Score (1-10)

2. Misses or repeats words or lines

Score (1-10)

3. Reads slowly

Score (1-10)

4. Needs to use finger or marker as a pointer

Score (1-10)

5. Inability to remember what was read

	Score (1-10)
6. Poor concentration	_____
	Score (1-10)
7. Poor focus while reading; letters move or jump around on page	_____
	Score (1-10)
8. Crooked or sloped handwriting	_____
	Score (1-10)
9. Letters poorly balance when reading with one eye covered or while trying to read sideways	_____
	Score (1-10)
10. Sensitivity to light	_____
	Score (1-10)

Total (1-10)	

Proprioceptive Function Checklist

This checklist will help judge how well your child feels his or her body in space. Read each of the following symptoms and rate them between 1 indicating "doesn't apply at all" and 10 which indicates "almost always." Add up the numbers and record the total at the end (10-100).

1. Poor posture	_____
	Score (1-10)
2. Constant fidgeting or moving	_____
	Score (1-10)
3. Excessive desire to be held	_____
	Score (1-10)
4. Provokes fights	_____
	Score (1-10)
5. Hooks feet around legs of desk for support	_____
	Score (1-10)
6. Problem identifying body parts in space	_____
	Score (1-10)
7. Bumps into things often	_____
	Score (1-10)
8. Poor Balance	_____
	Score (1-10)
9. Rocks body or bangs head	_____
	Score (1-10)
10. Does not like heights	_____
	Score (1-10)

Total (10-100)	

Tactile Function Checklist

These symptoms indicate either and under or over sensitivity to touch. Read each of the following symptoms and rate them between 1 indicating "doesn't apply at all" and 10 which indicates "almost always." Add up the numbers and record the total at the end (10-100).

Hypotactile (undersensitivity) Symptoms

1. Hypotactile to most things

Score (1-10)

2. Doesn't notice or respond when cut

Score (1-10)

3. High threshold for pain

Score (1-10)

4. Poor sense of hot or cold

Score (1-10)

5. Craves contact sports

Score (1-10)

6. Doesn't notice when sits down on an object

Score (1-10)

7. Provokes fighting or roughhousing

Score (1-10)

8. Not ticklish

Score (1-10)

9. Compulsively touches

Score (1-10)

10. Acts like a "bull in a china shop"

Score (1-10)

Total (10-100)

Hypertactile (oversensitive) Symptoms

1. Seems hypersensitive all the time

Score (1-10)

2. Dislikes playing sports

Score (1-10)

3. Dislikes being touched

Score (1-10)

4. Hates tags on clothes

Score (1-10)

5. Allergic skin reactions

Score (1-10)

6. Hates makeup or jewelry or hats due to sensory

Score (1-10)

7. Poor body temperature control

Score (1-10)

8. Does not like clothing on arms or legs

Score (1-10)

9. Low pain threshold

Score (1-10)

10. Doesn't like touching objects or others

Score (1-10)

Total

Olfactory Function Checklist

This checklist will help assess if there is a deficiency in the senses of smell and/or taste. One checks for oversensitivity and one checks for undersensitivity. Read each of the following symptoms and rate them between 1 indicating "doesn't apply at all" and 10 which indicates "almost always." Add up the numbers and record the total at the end (10-100).

Hypersensitive Smell and Taste Checklist

1. Exhibits increased sensitivity to taste and smell

Score (1-10)

2. Gags at the smell of certain foods

Score (1-10)

3. Avoids going to bathroom at risk of wetting pants due to smell

Score (1-10)

4. Likes bland foods

Score (1-10)

5. Avoids kids with dirty or smelly clothes

Score (1-10)

6. Complains about other's bad breath

Score (1-10)

7. Misbehaves or complains about smell of chemical cleaners

Score (1-10)

8. Sensitive to smoke

Score (1-10)

9. Avoids foods and places with strong smells

Score (1-10)

10. Sniffs everything

Score (1-10)

Total (10-100)

Hyposensitive Smell Checklist

1. Never comments on strong smells

Score (1-10)

2. Never notices baking smells, such as cookies

Score (1-10)

3. Overfills mouth

Score (1-10)

4. Avoids foods because of the way it looks

Score (1-10)

5. Never sniffs

Score (1-10)

6. Hates to eat, even sweets

Score (1-10)

7. Chews on things like pens, etc

Score (1-10)

8. Does not notice strong smells, like something burning

Score (1-10)

9. Eats indiscriminately; including non food items and potentially harming items

Score (1-10)

10. Extremely picky eater

Score (1-10)

Total (10-100)