Please list any additional symptoms, behaviors, or comments below tha may impact this session.

Has your child had any changes in medications since your last visit? YES____NO____

Has your child had any major changes in supplements or herbs since your last visit?
YES____NO____

If yes to either of the above, please explain.

Have there been any major changes in your child's environment since the last visit? (This could be changes such as moving or remodeling your house, which affects your physical environment. It could be personal changes, such as friendships, family, or school.)
YES____NO____
If yes, please explain.