

Treating Autism Chart

ISSUE	Did Child Present Issue Before Therapy (yes or no)	Intervention Used / is issue still present?
Aggressive Towards others	yes	no
Anxious/fearful	yes	Less so
Constipation	yes	Still happens but better
Destructive of things	yes	No
Diarrhea	no	No
Did not point	no	50% now
Feeding/eating (self limited)	yes	Yes
Vaccine reaction w/in 24 hours:		
- DPT	Yes	
- MMR	No	
- Hep B	Maybe	
Head banging	no	No
High pain threshold	yes	No
Hyperactive	no	No
Inattentive	yes	It is better
Intolerant of change	yes	It is better
Normal then regressed	Slight regression there were issues from a young age	
Poor eye contact	yes	No
Repeated courses of antibiotics	Yes but relatively low	No
Repeated ear infections	yes	No
Rocking	no	no
Self injurious	Very little	No
Sleep difficulties	yes	Takes .5 ml melatonin
Sound sensitive	yes	A little
Stimming:		
- Hand flapping	no	Little now
- Lining up objects	no	No
- Spinning	no	No
- Toe walking	no	No
- Other:	He would look at objects from the corner of his eyes or squinting while looking at an object really close	Doesn't do this any more
Tantrums	yes	Different just cries now much more manageable and age appropriate
Toilet training problems	yes	Just doesn't want to wipe

		himself
Unaware of danger	No	no